

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90265 010 ***143.75

DOCUMENT # L06000019305

1. Entity Name
BARDMOOR SURGERY CENTER, LLC



Principal Place of Business
**% DONNA ST LOUIS
8787 BRYAN DAIRY ROAD
LARGO, FL 33777**

Mailing Address
**% DONNA ST LOUIS
8787 BRYAN DAIRY ROAD
LARGO, FL 33777**

60018167



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4385452

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, JAMES J III ESQ
BUCHANAN INGERSOLL PC
401 EAST JACKSON STREET, STE. 2500
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ST LOUIS, DONNA
8452 118TH AVE N
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURDON, NANCY
8452 118TH AVE N
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Donna St. Louis

3-12-08

**727-
394-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #