2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L06000024796

Entity Name: BAYSHORE SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

3661 SOUTH MIAMI AVE., SUITE 901
MIAMI, FL 33133

New Principal Place of Business:

3661 SOUTH MIAMI AVE., SUITE 708
MIAMI, FL 33133

Current Mailing Address:

3661 SOUTH MIAMI AVE., SUITE 901
MIAMI, FL 33133

New Mailing Address:

3661 SOUTH MIAMI AVE., SUITE 708
MIAMI, FL 33133

FEI Number: 20-4452468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEITES, JUAN C
3661 SOUTH MIAMI AVE., SUITE 901
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

FLEITES, JUAN C
3661 SOUTH MIAMI AVE., SUITE 708
MIAMI, FL 33133 US

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.

SIGNATURE: 04/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FLEITES, JUAN C
Address: 3661 SOUTH MIAMI AVE., SUITE 901
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FLEITES, JUAN C
Address: 3661 SOUTH MIAMI AVE., SUITE 708
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN CARLOS FLEITES PRES 04/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date