

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042653

FILED
Apr 06, 2009
Secretary of State

Entity Name: DORAL SURGICAL SERVICES LLC

Current Principal Place of Business:

6440 NW 114TH AVE, UNIT 405
DORAL, FL 33178 US

New Principal Place of Business:

1100 NW 95TH STREET
NORTH SHORE MEDICAL CENTER
MIAMI, FL 33150 US

Current Mailing Address:

6440 NW 114TH AVE, UNIT 405
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 26-2813872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TIRADOR, MAXIMO R
6440 NW 114TH AVE, UNIT 405
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TIRADOR, MAXIMO R
Address: 1431 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TIRADOR, MAXIMO R
Address: 6440 NW 114TH AVE UNIT 405
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify 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: MAXIMO R TIRADOR

MGRM

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date