2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000096633

Entity Name: SOUTHEAST FLORIDA SURGICAL CENTER, LLC

Current Principal Place of Business:

18339 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

18339 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-5655687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483 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: PRECISION SPINECARE, SURGICAL GROUP , LLC
Address: 18339 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANNY FEDER PRES 04/30/2007

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