

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098371

FILED
Aug 31, 2007
Secretary of State

Entity Name: SEACREST SURGICAL CENTER, LLC

Current Principal Place of Business:

2314 SEACREST BLVD. #102
BOYNTON BEACH, FL 334356739

New Principal Place of Business:

2314 SEACREST BLVD. #102
#101
BOYNTON BEACH, FL 334356739

Current Mailing Address:

2314 SEACREST BLVD. #102
BOYNTON BEACH, FL 334356739

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STYPEREK-GROHMANN, K. EVA DR.
2314 SEACREST BLVD. #102
BOYNTON BEACH, FL 334356739 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STYPEREK, JANINA DR.
Address: 2314 SEACREST BLVD. #102
City-St-Zip: BOYNTON BEACH, FL 334356739

Title: MGR () Delete
Name: STYPEREK, K. EVA DR.
Address: 2314 SEACREST BLVD. #102
City-St-Zip: BOYNTON BEACH, FL 334356739

ADDITIONS/CHANGES:

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

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: K. EVA STYPEREK, MD

MGR

08/31/2007

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