

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90075 021 \*\*\*138.75

**DOCUMENT # L06000098371**

1. Entity Name  
SEACREST SURGICAL CENTER, LLC



Principal Place of Business  
2314 SEACREST BLVD. #102  
#101  
BOYNTON BEACH, FL 33435-6739

Mailing Address  
2314 SEACREST BLVD. #102  
BOYNTON BEACH, FL 33435-6739

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STYPEREK-GROHMANN, K. EVA DR.  
2314 SEACREST BLVD. #102  
BOYNTON BEACH, FL 33435-6739

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME STYPEREK, JANINA DR.  
STREET ADDRESS 2314 SEACREST BLVD. #102  
CITY-ST-ZIP BOYNTON BEACH, FL 334356739

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME STYPEREK, K. EVA DR.  
STREET ADDRESS 2314 SEACREST BLVD. #102  
CITY-ST-ZIP BOYNTON BEACH, FL 334356739

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

2/22/08