

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098371

FILED
Mar 09, 2012
Secretary of State

Entity Name: SEACREST SURGICAL CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

I hereby 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 GROHMANN MGR 03/09/2012

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