

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 16 PM 3:30

<b>DOCUMENT # L06000099633</b> 1. Entity Name <b>PALM BEACH SURGICAL GROUP LLC</b>					
Principal Place of Business <b>255 EVERNIA ST APT 1008 WEST PALM BEACH, FL 33401-5686</b>			Mailing Address <b>255 EVERNIA ST APT 1008 WEST PALM BEACH, FL 33401-5686</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>364595810</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSAS, LUIS R 255 EVERNIA ST APT 1008 WEST PALM BEACH, FL 33401-5686</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 				DATE <b>01/10/2008</b>	
<b>FILE NOW!!! FEE IS \$377.50</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>ROSAS, LUIS R 255 EVERNIA ST APT 1008 WEST PALM BEACH, FL 334015686</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>600114860336 01/11/08--01049--012 **377.50</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				DATE <b>01/10/2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>(561) 252-4425</b>	

REINSTATEMENT 2007-08