

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

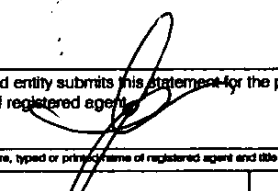
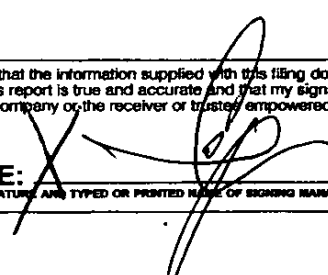
FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 019 ***138.75

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07282008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000099982					
1. Entity Name GULF COAST SURGICAL LLC					
Principal Place of Business 6515 37TH ST E SARASOTA, FL 34243			Mailing Address 6515 37TH ST E SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # 6602 38th St E		3. Mailing Address 6602 38th St E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL 34243			
Zip 34243	Country Manatee	Zip 34243	Country Manatee		
4. FEI Number 20-5774813			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DIAGO, CARLOS A 6515 37TH ST E SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name: Carlos A. Diago Street Address (P.O. Box Number is Not Acceptable): 6602 38th St E City: Sarasota FL Zip Code: 34243		
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:  (NOTE: Registered Agent signature required when releasing)					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAGO, CARLOS A 6515 37TH ST E SARASOTA, FL 34243	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAGO, CARLOS A 6602 38th St E SARASOTA, FL 34243	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 			8/2/08 941-306-1913		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		