2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State
08-06-2008 90030 019 ***138.75

50009063

07282008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000099982

1. Entity Name
GULF COAST SURGICAL LLC

Principal Place of Business	Mailing Address
6515 37TH ST E SARASOTA, FL 34243	6515 37TH ST E SARASOTA, FL 34243

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6602 38th St E	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: [signature] 8/2/08
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
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: X [signature] 8/2/08 941-306-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #