

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115370

FILED
Jan 23, 2008
Secretary of State

Entity Name: TOWN CENTER SURGICAL, LLC

Current Principal Place of Business:

1671 NORTH CLYDE MORRIS BLVD STE 100
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1671 NORTH CLYDE MORRIS BLVD STE 100
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-5997052 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES INC
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 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: MGRM () Delete
Name: MALIK, VINOD K
Address: 1671 NORTH CLYDE MORRIS BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VINOD K. MALIK

MGRM

01/23/2008

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