

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009742

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** ORANGE AVENUE SURGICAL SUITE, LLC

**Current Principal Place of Business:**

3872 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

3872 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 20-8501228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWEETWATER LAW OFFICES, PLC  
900 FOX VALLEY DRIVE, SUITE 102  
SWEETWATER SQUARE  
LONGWOOD, FL 32779 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 ( ) Delete  
Name: POPE, GEORGE H MD  
Address: 3872 OAK WATER CIR  
City-St-Zip: ORLANDO, FL 32806

Title: AD (X) Delete  
Name: VAZQUEZ, FELICITA  
Address: 3872 OAK WATER CIR  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

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

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: GEORGE H POPE

MGR

04/19/2009

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