


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 24 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000023131 1. Entity Name SURGICARE OF MIRAMAR, LLC	
--	---

Principal Place of Business EMERALD HILLS EXECUTIVE PLAZA II 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FL 33021	Mailing Address EMERALD HILLS EXECUTIVE PLAZA II 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FL 33021
--	--



2. Principal Place of Business - No P.O. Box # 5901 S. W. 74th Street Suite, Apt. #, etc. Suite 408	3. Mailing Address 5901 S. W. 74th Street Suite, Apt. #, etc. Suite 408
--	--

04182008 Chg-LLC CR2E083 (12/06)

City & State Miami, Florida 33143 Zip 33143 Country USA	City & State Miami, Florida Zip 33143 Country USA
--	--

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

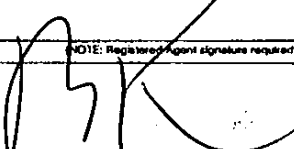
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent


Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State FL 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	Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Stephen Dresnick
STREET ADDRESS		STREET ADDRESS	5901 S. W. 74th Street, Suite 408
CITY - ST - ZIP		CITY - ST - ZIP	Miami, Florida 33143
TITLE	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	John Seitz
STREET ADDRESS		STREET ADDRESS	555 Kinderkamack Road
CITY - ST - ZIP		CITY - ST - ZIP	Oradell, NJ 07649
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	200125590742
STREET ADDRESS		STREET ADDRESS	04/24/08--01024--017 **138.75
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:  Stephen Dresnick	Date: 4/24/08	Daytime Phone #: 305 632-4224
--	----------------------	--------------------------------------