
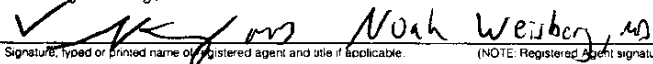



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90068 004 ***138.75

DOCUMENT # L07000033705 1. Entity Name NKW-MOHS SURGERY, LLC																																																					
Principal Place of Business ATTN: DR. NOAH WEISBERG 103 REMO PLACE PALM BEACH GARDENS, FL 33418			Mailing Address ATTN: DR. NOAH WEISBERG 103 REMO PLACE PALM BEACH GARDENS, FL 33418																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip	Country	Zip	Country	01102008 Chg-LLC CR2E083 (12/06)																																																	
4. FEI Number 26-0193841				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 250 AUSTRALIAN AVE STE 500(JAF) WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Noah Weisberg Street Address (P.O. Box Number is Not Acceptable) 103 Remo Place City, State, Zip Palm Beach gardens FL 33418																																																		
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  Noah Weisberg, MD 1/18/08 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"> Member Noah Weisberg 103 Remo Place Palm Beach gardens, FL 33418 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Noah Weisberg 103 Remo Place Palm Beach gardens, FL 33418	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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:  Noah Weisberg, MD 1/18/08 561 616 4007 DATE Daytime Phone #																																																					