

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042362

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** PRECISION SURGICAL SERVICES, LLC

**Current Principal Place of Business:**

1508 EMERALD ISLE POINT  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1508 EMERALD ISLE POINT  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 20-8873168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWEETWATER LAW OFFICES, PLC  
SWEETWATER SQUARE, STE. 102  
900 FOX VALLEY DRIVE  
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:** MGRM  
**Name:** ZEMBRZUSKI, ANTHONY A  
**Address:** 1508 EMERALD ISLE POINT  
**City-St-Zip:** APOPKA, FL 32703

**Title:** MGRM  
**Name:** ZEMBRZUSKI, YVETTE  
**Address:** 1508 EMERALD ISLE POINT  
**City-St-Zip:** APOPKA, FL 32703

I hereby 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:** YVETTE ZEMBRZUSKI

MGRM

02/13/2012

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