

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053486

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** ADVANCED LAPAROSCOPIC SURGERY OF FORT MYERS, LLC.

**Current Principal Place of Business:**

615 WILLIAMS AVE, SUITE 101  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

615 WILLIAMS AVE,  
SUITE 101  
LEHIGH ACRES, FL 33972 US

**Current Mailing Address:**

615 WILLIAMS AVE, SUITE 101  
LEHIGH ACRES, FL 33972 US

**New Mailing Address:**

615 WILLIAMS AVE,  
SUITE 101  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 26-0204104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGRAW, PATRICK  
615 WILLIAMS AVE., SUITE 101  
LEHIGH ACRES, FL 33972 US

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

MCGRAW, PATRICK  
615 WILLIAMS AVE.  
SUITE 101  
LEHIGH ACRES, FL 33972 US

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:**

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MCGRAW, PATRICK  
**Address:** 615 WILLIAMS AVE., SUITE 101  
**City-St-Zip:** LEHIGH ACRES, FL 33972 US

**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:** PATRICK MCGRAW

OWNE

02/04/2009

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