2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000056753

Entity Name: SKY SURGICAL CENTER LLC

Current Principal Place of Business:

88 NE 168 ST. SUITE A
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

88 NE 168 ST. SUITE A
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

CHAMOUN, NAZIH
88 NE 168 ST
N MIAMI BEACH, FL 33162 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: NAZIH CHAMOUN 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHAMOUN, ROBBIE
Address: 88 NE 168 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: MGR ( ) Delete
Name: CHAMOUN, NAZIH B
Address: 88 NE 168 STREET
City-St-Zip: N. MIAMI BEACH, FL 33162

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: NAZIH CHAMOUN MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date