

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061888

FILED
Apr 25, 2008
Secretary of State

Entity Name: SURGICAL PARTNERS, LLC

Current Principal Place of Business:

7100 W. 20TH AVENUE, SUITE 504
ATTN: A. DE LE CABADA,, M.D.
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

7100 W. 20TH AVENUE, SUITE 504
ATTN: A. DE LE CABADA,, M.D.
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 26-1923405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVE., SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ALTSCHULER, MARK A MD
Address: 21110 BISCAYNE BLVD #301
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Change (X) Addition
Name: DE LA CABADA, ARMANDO MD
Address: 7100 W 20 AVE #504
City-St-Zip: HIALEAH, FL 33016 US

Title: MGRM () Change (X) Addition
Name: EGOZI, LEON MD
Address: 4302 ALTON ROAD #500
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM () Change (X) Addition
Name: FROST, JASON H DO
Address: 601 N. FLAMINGO ROAD #319
City-St-Zip: PEMROKE PINES, FL 33028

Title: MGRM () Change (X) Addition
Name: JOHR, BERNARDO M MD
Address: 21110 BISCAYNE BLVD #301
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Change (X) Addition
Name: SEREDA, DEXTER MD
Address: 601 N. FLAMINGO ROAD #211
City-St-Zip: PEMNROKE PINES, FL 33028

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: ARMANDO DE LA CABADA, MD

MGRM

04/25/2008

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