FILED
Apr 17, 2008 8:00 am
Secretary of State
01-18-2008 90017 034 ***138.75

30004067

01082008 Chg-LLC CR2E063 (12/06)

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000065165

1. Entity Name
SURGICAL RISK SOLUTIONS, LLC

Principal Place of Business	Mailing Address
6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908	6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0395637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D.
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — 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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Elizabeth P. Kagan 6981 Lake Devonwood Drive Fort Myers, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X [signature] 1/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #