

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90145 025 ***138.75

DOCUMENT # L07000085910

1. Entity Name

TAMPA BAY HERNIA REPAIR INSTITUTE LLC



Principal Place of Business

6450 38 AVENUE NORTH, SUITE 320
 ST. PETERSBURG FL 33710

Mailing Address

6450 38 AVENUE NORTH, SUITE 320
 ST. PETERSBURG FL 33710



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

80 - 015333

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBSON, HOWARD D III
 6450 38 AVENUE NORTH, SUITE 320
 ST. PETERSBURG FL 33710

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 registrant, and date and title of office

(NOTE: Registered Agent signature required when registering)

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 | MGRM DOBSON, HOWARD D III 6450 38 AVENUE NORTH, SUITE 320 ST. PETERSBURG FL 33710 | <input type="checkbox"/> Delete |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/2008

Date

Daytona Phone #