2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086585

Entity Name: ADVANCED SURGICAL INNOVATIONS, LLC

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8392 TWIN LAKES DRIVE 9401 EDEN MANOR BOCA RATON, FL 33496 PARKLAND, FL 33076

Current Mailing Address: New Mailing Address:

8392 TWIN LAKES DRIVE 9401 EDEN MANOR BOCA RATON, FL 33496 PARKLAND, FL 33076

FEI Number: 26-0804030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANELLA, ROSS H ESQ HINSHAW & CULBERTSON, LLP 1 E. BROWARD BLVD., SUITE 1010 FT. LAUDERDALE, FL 33301 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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete WEXNER, STEVEN D M.D. Name: Address: 8392 TWIN LAKES DRIVE City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete Name: TEVES, LEONIDES Y M.D.

Address: PO BOX 14866

City-St-Zip: BRADENTON, FL 342804866 ADDITIONS/CHANGES:

Title: (X) Change () Addition WEXNER, STEVEN D M.D. Name: Address: 9401 EDEN MANOR City-St-Zip: PARKLAND, FL 33076

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: STEVEN D. WEXNER MD **MGRM** 04/25/2008