

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105632

FILED
Jun 15, 2009
Secretary of State

Entity Name: HAND & UPPER EXTREMITY SURGERY OF DAYTONA BEACH, LLC

Current Principal Place of Business:

938 BRIDGEWATER AVENUE
PORT ORANGE, FL 32119

New Principal Place of Business:

938 BRIDGEWATER DR
STE A
PORT ORANGE, FL 32129

Current Mailing Address:

938 BRIDGEWATER AVENUE
PORT ORANGE, FL 32119

New Mailing Address:

938 BRIDGEWATER DR
STE A
PORT ORANGE, FL 32129

FEI Number: 36-4617966 **FEI Number Applied For ()** **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:

HAIGH, CINDY JO
7711 HIGH PINE ROAD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HAIGH, CINDY JO
812 ANGELINA CT
PORT ORANGE, FL 32127 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: CINDY JO HAIGH

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTANEDA, JUAN C
Address: 11 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

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: JUAN C. CASTANEDA

MGRM

06/15/2009

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