

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107996

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** WEST COAST SURGICAL MANAGEMENT, LLC

**Current Principal Place of Business:**

9807 VIA VARGA  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9807 VIA VARGA  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 26-1317743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHTER, DARLINE  
4360 NORTHLAKE BLVD. STE 102  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: GREENWALD, BRETT  
Address: 9807 VIA VARGA  
City-St-Zip: LAKE WORTH, FL 33467

**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:** BRETT GREENWALD

MGR

04/15/2008

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