

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119184

FILED
Apr 18, 2008
Secretary of State

Entity Name: ASTRA & TAFT SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

6636 FOREST AVENUE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6636 FOREST AVENUE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 26-1489145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: ASTRA, LOUIS I
Address: 6636 FOREST AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

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: LOUIS I. ASTRA

PRES

04/18/2008

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