

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119943

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** SURGICAL SERVICES DIVISION OF WOUND CARE ASSOCIATES OF AMERICA, PL

**Current Principal Place of Business:**

7421 N. UNIVERSITY DRIVE  
212  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7421 N. UNIVERSITY DRIVE  
212  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RAMIREZ, RAMON M.D.  
7421 N. UNIVERSITY DRIVE  
212  
TAMARAC, FL 33321 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:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RAMIREZ, RAMON  
Address: 7421 N UNIVERSITY DRIVE, SUITE 212  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Change (X) Addition  
Name: BRIESTEIN, RICHARD  
Address: 7421 N UNIVERSITY DRIVE, SUITE 212  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Change (X) Addition  
Name: STRAUSS, NEAL  
Address: 7421 N UNIVERSITY DRIVE, SUITE 212  
City-St-Zip: TAMARAC, FL 33321

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: RAMON RAMIREZ

MGRM

04/30/2008

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