

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126278

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** PA SURGICAL SERVICES, LLC

**Current Principal Place of Business:**

5400 BEACH DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

1900 HARRISON AVE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

1900 HARRISON AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

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

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

SOMBATHY, JULIE ANN  
434 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 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: MGMR ( ) Delete  
Name: WOOD, KELLY C  
Address: 5400 BEACH DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: WOOD, KELLY C  
Address: 1508 THURSO RD  
City-St-Zip: LYNN HAVEN, FL 32444

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: KELLY C WOOD

MGMR

04/30/2009

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