

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000802

FILED
Jan 12, 2009
Secretary of State

Entity Name: SEASCAPE SURGERY CENTER, LLC

Current Principal Place of Business:

5379 PRIMROSE LAKE CIRCLE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

POB 46937
TAMPA, FL 33646

New Mailing Address:

FEI Number: 80-0150187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, PAUL H MD
5379 PRIMROSE LAKE CIR
TAMPA, FL 33647 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: MGRM () Delete
Name: BOWMAN, PAUL M.D.
Address: 5379 PRIMROSE LAKE CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: PST () Delete
Name: BOWMAN, PAUL M.D.
Address: 5379 PRIMROSE LAKE CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL BOWMAN

MGRM

01/12/2009

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