

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000802

**FILED**  
**Feb 24, 2010**  
**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  
Name: BOWMAN, PAUL M.D.  
Address: 5379 PRIMROSE LAKE CIRCLE  
City-St-Zip: TAMPA, FL 33647

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

I hereby 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 H. BOWMAN, MD

MGRM

02/24/2010

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