

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017355

FILED
Jan 07, 2009
Secretary of State

Entity Name: THORACIC SURGERY OF INDIAN RIVER, LLC

Current Principal Place of Business:

14430 U.S. HIGHWAY 1, SUITE B-1
SEBASTIAN, FL 32958 US

New Principal Place of Business:

14430 U.S. HIGHWAY 1, SUITE 102
SEBASTIAN, FL 32958 US

Current Mailing Address:

14430 U.S. HIGHWAY 1, SUITE B-1
SEBASTIAN, FL 32958 US

New Mailing Address:

14430 U.S. HIGHWAY 1, SUITE 102
SEBASTIAN, FL 32958 US

FEI Number: 26-2523724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWN, RONALD K
14430 U.S. HIGHWAY 1, SUITE B-1
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

SEIRAFI, PETER A M.D.
14430 U.S. HIGHWAY 1, SUITE 102
SEBASTIAN, FL 32958 US

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: PETER A SEIRAFI, MD

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEIRAFI, PETER A M.D.
Address: 14430 U.S. HIGHWAY 1, SUITE B-1
City-St-Zip: SEBASTIAN, FL 32958 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEIRAFI, PETER A M.D.
Address: 14430 U.S. HIGHWAY 1, SUITE 102
City-St-Zip: SEBASTIAN, FL 32958 US

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: PETER A SEIRAFI, MD

MGRM

01/07/2009

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