

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017355

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THORACIC SURGERY OF INDIAN RIVER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 26-2523724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

MGRM

01/06/2010

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