

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017355

**FILED
Jan 04, 2011
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 MGRM 01/04/2011

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