

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026647

FILED
Jul 06, 2009
Secretary of State

Entity Name: LAP & SURGICAL SOLUTIONS LLC

Current Principal Place of Business:

10485 NW 37 TERRACE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10485 NW 37 TERRACE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 26-2239056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FERNANDEZ-BERGUES & ASSOC PA
7490 WEST FLAGLER STREET
MIAMI, FL 33144 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ, PATRICIA
Address: 10485 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: DASILVA, LEONARDO
Address: 10485 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, PATRICIA
Address: 10485 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

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: PATRICIA GOMEZ

MGR

07/06/2009

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