

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053963

FILED
Jan 16, 2009
Secretary of State

Entity Name: SPACE COAST SURGERY LLC

Current Principal Place of Business:

3629 IMPERATA DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

835 EXECUTIVE LANE
SUITE 130
ROCKLEDGE, FL 32955

Current Mailing Address:

3629 IMPERATA DR
ROCKLEDGE, FL 32955

New Mailing Address:

835 EXECUTIVE LANE
SUITE 130
ROCKLEDGE, FL 32955

FEI Number: 26-2716201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATMUNDAR, CHINMAY MD
3629 IMPERATA DR
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MAJMUNDAR, CHINMAY MD
3629 IMPERATA DR
ROCKLEDGE, FL 32955 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: CHINMAY MAJMUNDAR MD

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAJMUNDAR, CHINMAY
Address: 3629 IMPERATA DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAJMUNDAR, CHINMAY
Address: 3629 IMPERATA DR
City-St-Zip: ROCKLEDGE, FL 32955

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: CHINMAY MAJMUNDAR MD

MGR

01/16/2009

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