

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069419

FILED
May 17, 2010
Secretary of State

Entity Name: F S & G SURGICAL CONSULTING SERVICE LLC

Current Principal Place of Business:

2263 WEST NEW HAVEN AVE
SUITE 337
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

2263 WEST NEW HAVEN AVE
SUITE 337
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

2903 WEST NEW HAVEN AVE
SUITE 337
WEST MELBOURNE, FL 32904 US

New Mailing Address:

2903 WEST NEW HAVEN AVE
SUITE 337
WEST MELBOURNE, FL 32904 US

FEI Number: 26-3000215 **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:

DOWNS, ROBERT E
2263 WEST NEW HAVE AVE
SUITE 337
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

DOWNS, ROBERT E
2903 WEST NEW HAVEN AVE
SUITE 337
WEST MELBOURNE, FL 32904 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

05/17/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DOWNS, ROBERT E
Address: 3903 PEACOCK DR.
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: MGRM
Name: DOWNS, PATRICIA A
Address: 3903 PEACOCK DR
City-St-Zip: WEST MELBOURNE, FL 32904 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: ROBERT E. DOWNS

MGR

05/17/2010

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