

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069419

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** F S & G SURGICAL CONSULTING SERVICE LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-3000215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

MR.

04/25/2012

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