2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L08000095311

Entity Name: LAKE SURGICAL MANAGEMENT, LLC

Current Principal Place of Business:

2020 OAKLEY SEAVER DR
CLERMONT, FL 34771

New Principal Place of Business:

Current Mailing Address:

2020 OAKLEY SEAVER DR
CLERMONT, FL 34771

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIER, GREGORY W ESQ
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE - STE 1700
ORLANDO, FL 32801 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 ( ) Delete
Name: NOWICKI, KEVIN D
Address: 2020 OAKLEY SEAVER DR
City-St-Zip: CLERMONT, FL 34771

ADDITIONS/CHANGES:

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: KEVIN D. NOWICKI MGR 01/16/2009

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