

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066119

**FILED**  
**Aug 05, 2010**  
**Secretary of State**

**Entity Name:** REP SURGERY AND CONSULTING, LLC

**Current Principal Place of Business:**

202 DOCTORS DRIVE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 DOCTORS DRIVE  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number:** 27-0523762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PIERCE, ROBERT E  
202 DOCTORS DRIVE  
PANAMA CITY, FL 32405 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:** PIERCE, ROBERT E  
**Address:** 202 DOCTORS DRIVE  
**City-St-Zip:** PANAMA CITY, FL 32405 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. PIERCE      PRES      08/05/2010

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