

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090367

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ALISA SURGICAL INVESTORS, LLC

**Current Principal Place of Business:**

12959 PALMS WEST DRIVE  
SUITE 130  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

12959 PALMS WEST DRIVE  
SUITE 130  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 27-0959286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADLER, ALISA  
12959 PALMS WEST DRIVE SUITE 130  
LOXAHATCHEE, FL 33470 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: MGRM  
Name: ADLER, ALISA  
Address: 12959 PALMS WEST DRIVE, SUITE 130  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM  
Name: LATCHAW, GREGORY  
Address: 12959 PALMS WEST DRIVE, SUITE 130  
City-St-Zip: LOXAHATCHEE, FL 33470

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: ALISA ADLER

MGRM

04/18/2011

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