

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002974

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** DM SURGICAL CONSULTANTS LLC

**Current Principal Place of Business:**

170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 US

**New Mailing Address:**

**FEI Number:** 27-1588554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLAUGHLIN, WILLIAM  
170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 US

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

MCLAUGHLIN, WILLIAM D  
170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 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: WILLIAM DAVID MCLAUGHLIN

02/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCLAUGHLIN, WILLIAM D  
Address: 170 SWEETBRIER BRANCH LN  
City-St-Zip: SAINT JOHNS, FL 32259 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: WILLIAM DAVID MCLAUGHLIN

MGRM

02/14/2011

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