

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041855

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** PERFORMANCE SURGICAL LLC

**Current Principal Place of Business:**

721 SE 17TH STREET  
#104  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15851  
PLANTATION, FL 333185851 US

**New Mailing Address:**

**FEI Number:** 27-2383778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE CAMERON LAW GROUP, P.A.  
28 WEST FLAGLER  
SUITE # 900  
MIAMI, FL 331301890 US

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

THE CAMERON LAW GROUP, P.A.  
950 SOUTH PINE ISLAND ROAD  
SUITE A-150  
PLANTATION, FL 33324 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: STEPHEN A CAMERON

02/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEVORAH, BRIAN  
Address: 2641 NE 47TH STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM  
Name: CAMERON, JULIAN  
Address: 6340 SW 5TH COURT  
City-St-Zip: PLANTATION, FL 333173908 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: JULIAN CAMERON

PRES

02/18/2012

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