

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118071

FILED
Feb 16, 2011
Secretary of State

Entity Name: MINIMALLY INVASIVE SURGICAL ASSOCIATES OF SOUTH FLORIDA, PLLC

Current Principal Place of Business:

4675 LINTON BOULEVARD
200
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4675 LINTON BOULEVARD
200
DELRAY BEACH, FL 33445 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GARBER, HARVEY M.D.
4675 LINTON BOULEVARD
200
DELRAY BEACH, FL 33445 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: GARBER, HARVEY M.D.
Address: 4675 LINTON BOULEVARD, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM
Name: SHEMESH, ELIYAHU M.D.
Address: 4675 LINTON BOULEVARD, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM
Name: BELIZON, AVRAHAM M.D.
Address: 4675 LINTON BOULEVARD, SUITE 200
City-St-Zip: DELRAY BEACH, FL 33445 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: HARVEY GARBER, M.D. MGMR 02/16/2011

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