

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118071

FILED  
Feb 22, 2012  
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:** 27-4251271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHEMESH, ELIYAHU 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 I. GARBER, MD

MGRM

02/22/2012

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