

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120281

Entity Name: SURGENCO, LLC

FILED  
Jan 20, 2012  
Secretary of State

**Current Principal Place of Business:**

316 S. BAYLEN ST  
SUITE 650  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

316 S. BAYLEN ST  
SUITE 650  
PENSACOLA, FL 32502

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'BRIEN, TIMOTHY M  
316 S. BAYLEN ST  
SUITE 650  
PENSACOLA, FL 32502 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: O'BRIEN, TIMOTHY M  
Address: 316 S. BAYLEN ST, SUITE 650  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: PAPENFUSS, HANS B  
Address: 11430 TAMiami TRAIL EAST  
City-St-Zip: NAPLES, FL 34113

Title: MGRM  
Name: PAPENFUSS, ERIK  
Address: 11430 TAMiami TRAIL EAST  
City-St-Zip: NAPLES, FL 34113

Title: MGRM  
Name: BERTRAM, H M III  
Address: 1009 CROSSPOINTE DR, SUITE 2  
City-St-Zip: NAPLES, FL 34110

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: TIMOTHY M. O'BRIEN

MGRM

01/20/2012

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