


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90221 029 ****50.00


DOCUMENT # L98000003159	
1. Entity Name PASCO-HERNANDO SURGICAL ASSOCIATES, P.L.	

Principal Place of Business 7515 STATE RD. 52 SUITE 102 HUDSON, FL 34667	Mailing Address 7515 STATE RD. 52 SUITE 102 HUDSON, FL 34667
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent	
PIDURU, MALLIK A MD 7515 STATE RD. 52 STE 102 HUDSON, FL 34667	

40116622



02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3406993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIDURU, MALLIK A M.D. 7515 STATE RD 52 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7515 STATE RD 52, SUITE 102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ **Date** 3/29/07 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE