

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003282

FILED  
May 01, 2008  
Secretary of State

Entity Name: SURG TWO, L.L.C.

**Current Principal Place of Business:**

2500 MLK JR BLVD  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2500 MLK JR BLVD  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3546887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SLOAN, TIMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY, FL 32401      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AKER, ANTHONY L O.D.  
Address: 2500 HIGHWAY 77  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: EDINGER, DAVID J O.D.  
Address: 2500 HIGHWAY 77  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: MALLARY, JOHN J M.D.  
Address: 2500 HIGHWAY 77  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: FISHER, BRET L M.D.  
Address: 2500 HIGHWAY 77  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: JONES, MARK S  
Address: 2500 HWY. 77  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: PYNE, JEFFREY R  
Address: 2500 MLK JR BLVD  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANTHONY L AKER

MGRM

05/01/2008

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