

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002571

FILED
Jul 06, 2007
Secretary of State

Entity Name: SURGPRO, LLC

Current Principal Place of Business:

1936 BRUCE B. DOWNS BLVD., SUITE 301
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

5268 VILLAGE MARKET
WESLEY CHAPEL, FL 33544

Current Mailing Address:

1936 BRUCE B. DOWNS BLVD., SUITE 301
WESLEY CHAPEL, FL 33543

New Mailing Address:

5268 VILLAGE MARKET
WESLEY CHAPEL, FL 33544

FEI Number: 56-2261689 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:

ISAACSON, SUZANNE
13467 LAURENCE STREET
SPRING HILL, FL 34609 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 () Delete
Name: PORTER, WILLIAM L III
Address: 27034 FORDHAM DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR () Delete
Name: PORTER, STEPHANIE
Address: 27034 FORDHAM DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33543

ADDITIONS/CHANGES:

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: WILLIAM L PORTER III

MR.

07/06/2007

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