

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90363 015 ****50.00

DOCUMENT # M06000001895					
1. Entity Name STONE SURGERY CLINIC, L.L.C.					
Principal Place of Business 4415 HWY 331 S. DEFUNIAK SPRINGS, FL 32435			Mailing Address 4415 HWY 331 S. DEFUNIAK SPRINGS, FL 32435		
2. Principal Place of Business - No P.O. Box # 4417 US HWY331 S		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DEFUNIAK SPRINGS		City & State		4. FEI Number 56-1881557 new# 56-2637409	
Zip 32435		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAWAD, FAWZI M.D. 4415 HWY 331 S DEFUNIAK SPRINGS, FL 32435			Name FAWZI FAWAZ M.D. Street Address (P.O. Box Number is Not Acceptable) 4417 US HWY331 South City DeFuniak Springs FL Zip Code 32435		
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAWAZ, FAWZI M.D. 598 S. SECOND ST. DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAWAZ, FAWZI MD 4417 US HWY 331 South DeFuniak Springs FL 32435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAWAZ, FAWZI MD 4417 US HWY 331 South DeFuniak Springs FL 32435	<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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Fawzi Fawaz</i> 4.12.07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					