

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001895

FILED
Sep 24, 2008
Secretary of State

Entity Name: STONE SURGERY CLINIC, L.L.C.

Current Principal Place of Business:

4417 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

962 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

4415 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

962 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

FEI Number: 56-2637409 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

FAWAD, FAWZI M.D.
4415 HWY 331 S
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

FAWAZ, FAWZI M.D.
962 HWY 331 S
DEFUNIAK SPRINGS, FL 32435 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: FAWZI FAWAZ, M.D.

09/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAWAZ, FAWZI M.D.
Address: 4417 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAWAZ, FAWZI M.D.
Address: 962 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: FAWZI FAWAZ

DR.

09/24/2008

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