

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001895

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

962 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

962 HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 56-2637409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAWAZ, FAWZI M.D.
962 HWY 331 S
DEFUNIAK SPRINGS, FL 32435 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: FAWAZ, FAWZI M.D.
Address: 962 US HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

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: FAWZI FAWAZ, M.D.

MGR

01/28/2009

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