

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007144

FILED  
May 09, 2007  
Secretary of State

Entity Name: SURGICAL MANAGER, LLC

**Current Principal Place of Business:**

820 GREENBRIER CIRCLE, SUITE 20  
CHESAPEAKE, VA 23320

**New Principal Place of Business:**

5401 S CRESCENT DR  
TAMPA, FL 33611

**Current Mailing Address:**

820 GREENBRIER CIRCLE, SUITE 20  
CHESAPEAKE, VA 23320

**New Mailing Address:**

5401 S CRESCENT DR  
TAMPA, FL 33611

FEI Number: 36-4516744      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:**

MERCER, TRICIA G  
5401 SOUTH CRESCENT DRIVE  
TAMPA, FL 33611 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: MERCER, TRICIA G  
Address: 5401 SOUTH CRESCENT DRIVE  
City-St-Zip: TAMPA, FL 33611

**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: TRICIA G MERCER

MGMR

05/09/2007

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