

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90005 034 ****50.00

0038122

DOCUMENT # L00000005957

1. Entity Name

WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

Principal Place of Business

**325 AVENUE B. N.W.
 WINTER HAVEN FL 33881**

Mailing Address

**325 AVENUE B. N.W.
 WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3659906**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHILTON, CHARLES R
 99 SIXTH STREET, S.W.
 WINTER HAVEN FL 33880**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELGRN, JOHN 2509 PARTRIDGE DRIVE WINTER HAVEN FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYLE, GEORGE 204 LOCEN COURT WINTER HAVEN FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADOCHA, RICHARD 1225 CYPRESS POINT WINTER HAVEN FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHABLA, MARK 310 KENDALL DR. WINTER HAVEN FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, DAVID 1039 MEDINAH DRIVE WINTER HAVEN FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEYERER, DAVID 2415 CYPRESS GARDENS WINTER HAVEN FL 32793	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]
JOHN SHELGRN

863-291-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)