

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90613 020 \*\*\*\*50.00

0061438

**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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHELGREN, JOHN 2509 PARTRIDGE DRIVE WINTER HAVEN FL 32792</b> <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	<b>MGRM LYLE, GEORGE 204 LOCEN COURT WINTER HAVEN FL 32792</b> <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	<b>MGRM RADOCHA, RICHARD 1225 CYPRESS POINT WINTER HAVEN FL 32792</b> <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	<b>MGRM SHABLA, MARK 310 KENDALL DR. WINTER HAVEN FL 32792</b> <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	<b>MGRM SIMMONS, DAVID 1039 MEDINAH DRIVE WINTER HAVEN FL 32792</b> <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	<b>MGRM SPEYERER, DAVID 2415 CYPRESS GARDENS WINTER HAVEN FL 32793</b> <input type="checkbox"/> Delete	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:** \_\_\_\_\_ **SIGNATURE REQUIRED** **JOHN SHELGREN MD** **MANAGING MEMBER** **363-291-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)