## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU  1. Entity Nan	MENT# LOOO	00011010				ال حصي	i tomore	•		
VERO BEACH SURGERY CENTER, L.L.C.						FILED 01 JAN 30 PM 4: 47				
C/O CHARLES E. GARRIS 817 BEACHLAND BLVD.		_				SEGRETA	RYDES	TATE	•	
		817 BEACHLAND BLVD.				SEGRETARY OF STATE TALLAHASSEE, FLORIDA				
VERO BEACH	f FL 32963	VERO BEACH FL 32963								
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C		City & State	ity & State			4. FEI Number         Applied For           59-3674630         Not Applicable				
Zip Country		Zip	Country	/	5. Certificate of Status Desired   \$5.00 Additive Fee Required					
	6. Name and Address of Curren	nt Registered Agent				7. Name and Address of New Registered Agent				
				Name	ta graduat a company to the company of the					-
GARRIS, CHARLES E 817 BEACHLAND BLVD.				Street Address (P.O. Box Number is Not Acceptable)					,	1
	CACH FL 32963		r							1
VERIO DE	AOIT I E 32300	•	-	City			FL	Zip Code	9	1
O The shave		for the number of changing its		office or	rogistored egent	or both in the State of Eld		<u> </u>		$\frac{1}{2}$
o. The above	named entity submits this statement	ior the purpose or chariging its	registered	OIIICE OF	registered agent,	or both, in the state of the	niua.			
SIGNATURE	Signature, typed or printed name of registered ager	(NOT	E. Danietarad A	gent signatu	re required when reinsta	ting)	DATE			
	Signature, types or printed reality or registered age.			-		1				1
		FILE N Make Check Pa	OW!!! Fi yable to							
9.	MANAGING MEM	BERS / MEMBERS	10.			ADDITIONS	CHANGES			-
TITLE	MGR:	Delete	TITLE	[	Mgr	7.00110110		Change	☐ Addition	100
NAME * .	HUSSAMY, CAROLE M		NAME			Carole M	-			(11/00
STREET ADDRESS CITY-ST-ZIP	1500 36TH ST.		STREET CITY-S	ADDRESS T-7IP	845 37th					E083
TITLE	VERO BEACH FL 32960	□ Delete	TITLE	·	<del>Vero Bea</del> Membe		. [	Change	Addition	18
NAME			NAME		Hussamy,			Α -		١
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS	845 37th	Place				
TITLE		□ Delete	TITLE	-	<del>Vero Bea</del>	<del>ch, FL 32960</del>		☐ Change	☐ Addition	1
NAME			NAME			5000036 	<u>9</u> 914	<u>5</u> 5,	-2	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS**	, , , , , , , , , , , , , , , , , , , ,	******	<u> </u>	****50	0.00	_
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS			1	ADDRESS						
CITY-ST-ZIP			CITY-S1	r-ZIP						]
TITLE		☐ Delete	TITLE			M		Change	☐ Addition	
NAME STREET ADDRESS	. 1		name Street	ADDRESS		211				
CITY-ST-ZIP	·		CITY-S1							
TITLE	1 4-	☐ Delete	TITLE					Change	☐ Addition	1
NAME STREET ADORESS			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET .	ADORESS - ZIP						
11. I hereby o	ertify that the information supplied wit	th this filing does not qualify for	the exemp	tion state	ed in Section 119	07(3)(i), Florida Statutes	further certify	that the in	formation	1
indicated	on this report is true and accurate and dility company or the receiver or trusted	d that my signature shall have	the same le	egai effec	t as if made unde	r oath; that I am a manac	ing member o	r manager	of the	

SIGNATURE: CAROLE HUSS ANY 1/13/01 561-778-0600
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date