

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90068 031 ****50.00

DOCUMENT # L00000011778



1. Entity Name
**AMBULATORY SURGERY CENTER OF THE FLORIDA
KEYS, LLC**

Principal Place of Business
**3428 N ROOSEVELT BLVD
KEY WEST, FL 33040**

Mailing Address
**3428 N ROOSEVELT BLVD
KEY WEST, FL 33040**

14026669



07082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1082829

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CATANA, ELIZABETH M
3428 N ROOSEVELT BLVD
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CATANA, ELIZABETH M
3428 N ROOSEVELT BLVD
KEY WEST, FL 33040**

TITLE
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

**7/8/04 305-295-
9797**