

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90010 037 ****50.00

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DOCUMENT # L02000015922



1. Entity Name
THE CLEARWATER ORTHOPAEDIC ASC, LLC

Principal Place of Business
**2246 DREW STREET
CLEARWATER FL 34625**

Mailing Address
**2246 DREW STREET
CLEARWATER FL 34625**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1011433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired Yes

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------|-----------------------------------|-----------------------------|----------------------|---------------------------------|-----------------------------------|
| Manager | Brian E. Smith | 5217 Maryland Way, Ste. 200 | Brentwood, TN 37027 | <input type="checkbox"/> | <input type="checkbox"/> |
| Manager | Jeffrey Stockard | 5217 Maryland Way, Ste. 200 | Brentwood, TN 37027 | <input type="checkbox"/> | <input type="checkbox"/> |
| Manager | Ashraf Fouad Abdel Hanna, MD | 2250 Drew Street | Clearwater, FL 33765 | <input type="checkbox"/> | <input type="checkbox"/> |
| Manager | Francisco Manuel Torres-Ramos, MD | 2250 Drew Street | Clearwater, FL 33765 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Brian E. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/14/03
Date

(615) 377-5353
Daytime Phone #

CR2E083 (10/02)