


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 006 ***138.75

DOCUMENT # L04000090085	
1. Entity Name CAPE CORAL AMBULATORY SURGERY CENTER, LLC	

Principal Place of Business 6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908	Mailing Address 6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2001489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GREEN, BRUCE D 1520 ROYAL PALM SQUARE BLVD., STE. 320 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAGAN, ELIZABETH P 6981 LAKE DEVONWOOD DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/08