

**LIMITED LIABILITY COMPANY
2011 ANNUAL REPORT**

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DOCUMENT # L07000088906	
1. Entity Name Lake City Surgery Center, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 21 AM 11:14

600209204396
06/22/11--01002--001 **138.75

CR2E083B (1/11)

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2. Principal Place of Business - No P.O. Box # 404 NW Hall of Fame Drive	3. Mailing Address 404 NW Hall of Fame Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake City FL	City & State Lake City FL	4. FEI Number 26-0811545	Applied For ☐ Not Applicable
Zip 32055	Country US	Zip 32055	Country US
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Piawane Thanauxila	
	Street Address (P.O. Box Number is Not Acceptable) 4367 NW American Lane	
	City Lake City	FL Zip Code 32055

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

January 1 - May 1 Fee is **\$138.75**
After May 1, Fee is **\$538.75**
Amended AR is **\$50.00**

E-mail Address:

Kbrz @ aol . com

Make Check Payable to Florida Department of State

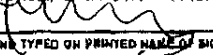
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCen AMER, LLC 4367 NW American Lane Lake City FL 32055
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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone