LIMITED LIABILITY COMPANY
2011 ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

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

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CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
404 NW Hall Of Fame Drive	404 NW Hall of Fame Drive
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State: Lake City FL	City & State: Lake City FL
Zip: 32055 Country: US	Zip: 32055 Country: US

4. FEI Number: 26-0811545 ☐ Applied For ☐ Not Applicable

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: Rizwana Thanawala

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is $138.75
After May 1, Fee is $538.75
Amended AR is $50.00
Make Check Payable to Florida Department of State

E-mail Address: Kbrrz@aol.com
To be used for future annual report notices

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Amer, LLC
STREET ADDRESS	4367 NW American Lane
CITY-ST-ZIP	Lake City FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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KB/LCU

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 605, 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone

TaxBlock JUN 21 2011

06/07/2011 11:43 850-245-6013

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