

2001 UNIFORM BUSINESS REPORT (UBR)

0007916 AF

DOCUMENT # **M99000000113**

1. Entity Name

CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

FILED

01 MAR 16 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS FL 33071

Mailing Address
1725 UNIVERSITY DRIVE, SECOND FLOOR
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0878926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CURTIS D D.O.
220 S.W. 84TH AVENUE, #101
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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GREEN, LINDA MD
1725 NORTH UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Lago, Charles M.D.
201 NW 82 Ave #103
Plantation FL 33324

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
VORSTMAN, BERT MD
1725 NORTH UNIVERSITY DRIVE #400
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
G.I. Consultants Investments Inc
7431 N. University Drive 201
Tamarae FL 33321

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
JOHNSON, CURTIS D D.O.
220 S.W. 84TH AVENUE, #101
PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ROSENTHAL, JON N D.O.
220 S.W. 84TH AVENUE, #101
PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003909211--8
-03/26/01--01081--007
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LEVENS, DAVID M.D.
1725 UNIVERSITY DR.
CORAL SPRINGS FL 33071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ZIDEL, PAUL M.D.
301 NW 84 AVENUE
PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-6-01

954 227-7760

CR2E083 (11/00)