2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000113

1. Entity Name
CORAL SPRINGS AMBULATORY SURGERY CENTER, LLC

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

DO NOT WRITE IN THIS SPACE

01072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0878926
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ Curtis D. Johnson D.O. 2/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREEN, LINDA MD
STREET ADDRESS	1725 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	VORSTMAN, BERT MD
STREET ADDRESS	1725 NORTH UNIVERSITY DRIVE #400
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	JOHNSON, CURTIS D D.O.
STREET ADDRESS	220 S.W. 84TH AVENUE, #101
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	ROSENTHAL, JON N D.O.
STREET ADDRESS	220 S.W. 84TH AVENUE, #101
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	LEVENS, DAVID M.D.
STREET ADDRESS	1725 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	ZIDEL, PAUL M.D.
STREET ADDRESS	301 NW 84 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324

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02/18/05-80031-001 50.00

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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: _____ 2/15/05 954.227.7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #