

**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	
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Principal Place of Business 1725 UNIVERSITY DRIVE, SECOND FLOOR CORAL SPRINGS, FL 33071	Mailing Address 1725 UNIVERSITY DRIVE, SECOND FLOOR CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0878926	Applied For Not Applicable
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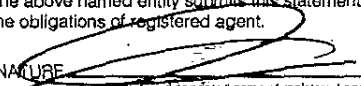
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
(NOTE: Registered Agent signature required when reappointing) DATE

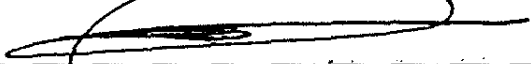
**Filing Fee is \$50.00
Due by May 1, 2005**

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

1110000234668
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:  2/15/05 954.727-7160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #