

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000032976

1. Entity Name

WEST COAST SURGICAL ASSOCIATES, P.L.



Principal Place of Business

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667

Mailing Address

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2619521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIDURU, MALLIK A MD
7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000943940

05/29/08-80079-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PIDURU, PALMER & ALKAFALI, PL
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY - ST - ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

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

Date

Daytime Phone #