

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016810 AT

DOCUMENT # A01000000047

1. Entity Name

AMBULATORY SURGERY CENTER OF MARION COUNTY, LLLP

FILED

2002 FEB 26 AM 10:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business

SOUTH PINE MEDICAL PARK  
2820 S.E. THIRD COURT, SUITE ONE  
OCALA FL 34471

Mailing Address

SOUTH PINE MEDICAL PARK  
2820 S.E. THIRD COURT, SUITE ONE  
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2207 S.W. 1st Ave

Suite, Apt. #, etc.

P.O. Box 2346

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34474

Country

USA

Zip

34478

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3739317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAWAD, MUHAMMAD A.M.D.  
SOUTH PINE MEDICAL PARK  
2820 S.E. THIRD COURT, SUITE ONE  
OCALA FL 34471

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record.

\$40,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME JAWAD, MUHAMMAD A.M.D.  
STREET ADDRESS 2820 S.E. 3RD COURT, SUITE ONE  
CITY-ST-ZIP Ocala FL 34471

DOCUMENT #  
NAME CHANDRA, RAVI M.D.  
STREET ADDRESS 2820 S.E. 3RD COURT, SUITE ONE  
CITY-ST-ZIP Ocala FL 34471

DOCUMENT #  
NAME ZEINI, MAMDOUH H M.D.PHD  
STREET ADDRESS 936 BICHARA BLVD.  
CITY-ST-ZIP LADY LAKE FL 32159

DOCUMENT #  
NAME HAMED, LATIF M.D.  
STREET ADDRESS 3233 S.W. 33RD ROAD, STE. 202  
CITY-ST-ZIP Ocala FL 34474

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600005041756-1  
03/04/02-0111-001  
\*\*\*\*368.75

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-18-02 (352)8612248/374

Date Daytime Phone #

CR2E003 (9/01)