


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90273 050 \*\*\*\*50.00

<b>DOCUMENT # L00000005711</b> 1. Entity Name <b>FOOT AND ANKLE ASSOCIATES OF FLORIDA SURGICAL CENTERS, LLC</b>	
---	---

Principal Place of Business <b>661 E ALTAMONTE DR SUITE 210 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>661 E ALTAMONTE DR SUITE 210 ALTAMONTE SPRINGS, FL 32701</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>59-3651418</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DANIELS, ALAN H 800 NORTH MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803</b>
---

**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.

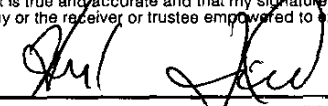
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PASCARELLA HOOVER ET AL 661 E ALTAMONTE DR SUITE 210 ALTAMONTE SPRINGS, FL 32701</b>
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	
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 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:**  **2/2/04 404-339-7759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #