3.

FILED
May 24, 2002 8:00 am
Secretary of State
03-05-2002 90006 004 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008415

1. Entity Name
GLADIOLUS SURGERY LAND PARTNERSHIP, L.L.C.

Principal Place of Business	Mailing Address
1342 COLONIAL BOULEVARD, SUITE C19 FORT MYERS FL 33907	1342 COLONIAL BOULEVARD, SUITE C19 FORT MYERS FL 33907

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7431 Gladiolus Dr.	8851 Boardroom Cr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers Fl	City & State: Ft. Myers, Fl
Zip: 33908 Country: US	Zip: 33919 Country: US

4. FEI Number: 65-1024906 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHARARA, HUSNI A D.P.M.
1342 COLONIAL BOULEVARD, SUITE C19
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 8851 Boardroom Circle
City: Ft. Myers FL Zip Code: 33919

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 ____________ 1/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHARARA, HUSNI A DR. 1342 COLONIAL BOULEVARD, SUITE C19 FORT MYERS FL 33907 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8851 Boardroom Circle Ft. Myers Fl 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: ____________ 1/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #