

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90084 028 \*\*\*\*50.00

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**DOCUMENT # L00000011010**

1. Entity Name

**VERO BEACH SURGERY CENTER, L.L.C.**



Principal Place of Business

Mailing Address

C/O CHARLES E. GARRIS  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963

C/O CHARLES E. GARRIS  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963

2. Principal Place of Business

**845 37th Place**

3. Mailing Address

**845 37th Place P.O. Box 1600**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Vero Beach, Florida**

**Vero Beach, Florida**

Zip

Country

Zip

Country

**32960**

**32960**

4. FEI Number **59-3674630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRIS, CHARLES E  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963**

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. 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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HUSSAMY, CAROLE M**  
STREET ADDRESS **845 37TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☒ Delete  
NAME **HUSSAMY, OMAR D**  
STREET ADDRESS **845 37TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: CAROLE HUSSAMY **CAROLE HUSSAMY** 4/14/03 772-778-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)