

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90206 001 ****50.00

DOCUMENT # L01000000423

1. Entity Name
SURGERY CENTER OF CORAL GABLES, L.L.C.



Principal Place of Business

**2645 DOUGLAS ROAD
SUITE 400
MIAMI, FL 33133**

Mailing Address

**2645 DOUGLAS ROAD
SUITE 400
MIAMI, FL 33133**

24001954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

65-1069125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRITCHARD, ROLAND W MD 2645 DOUGLAS ROAD MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLYTHE, STEPHEN MD 2645 DOUGLAS ROAD MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURSTIN, JOSEPH MD 2645 DOUGLAS ROAD MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERISPAN MULTISPECIALTY, INC. 2645 DOUGLAS ROAD MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATARACT & LASER CENTER PARTNERS, L.L.C. 15 FARRAR FARM ROAD SUITE 2 NORWELL, MA 02061	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTINENTAL ANESTHESIA SERVICES, P.A. 1400 NW 12TH AVE. MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Daytime Phone #

1-16-04