

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

04-25-2002 90007 041 ****50.00

DOCUMENT # L01000006150

1. Entity Name
PROMENADES SURGERY CENTER, L.C.

Principal Place of Business Mailing Address
2 TROPICANA DRIVE 2 TROPICANA DRIVE
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950

~~4-2-0-4-4~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3222 TAMiami TRAIL 3222 TAMiami TRAIL
Suite, Apt. #, etc.
PORT CHARLOTTE, FL PORT CHARLOTTE, FL
City & State

4. FEI Number Applied For
65-1100572 Not Applicable

Zip Country Zip Country
33952 USA 33952 USA

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

BAROUDI, ISSA F
2 TROPICANA DRIVE
PUNTA GORDA FL 33950

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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MGR.
ISSA F. BAROUDI
2 TROPICANA DRIVE
PUNTA GORDA FL 33950

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]* **9/18/02** **941-627-5155**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)