


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90075 003 ***138.75

DOCUMENT # L01000006150

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



Principal Place of Business Mailing Address
3222 TAMiami TRAIL **3222 TAMiami TRAIL**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BAROUDI, ISSA F
2 TROPICANA DRIVE
PUNTA GORDA, FL 33950

60010874



02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
65-1100572 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAROUDI, ISSA F 2 TROPICANA DR PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #