

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90800 030 ****50.00

DOCUMENT # L01000011754

1. Entity Name

LARGO AMBULATORY SURGICAL CENTER, L.L.C.

Principal Place of Business

**1345 WEST BAY DRIVE
SUITE 101
LARGO FL 33770**

Mailing Address

**1345 WEST BAY DRIVE
SUITE 101
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0383503

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****WEINSTOCK, STEPHEN M
1345 WEST BAY DRIVE
SUITE 101
LARGO FL 33770**

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.

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 May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINSTOCK, STEPHEN M 1345 WEST BAY DRIVE LARGO FL 33770 <input type="checkbox"/> Delete	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"/> 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 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 REQUIRED**

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

Date

Daytime Phone #

1/6/02 727 581 8706

CR2E083 (9/01)