2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-22-2002 90227 021 ****50.00

DOCUMENT # L01000017645

1. Entity Name

THE SURGERY CENTER OF VOLUSIA, L.L.C.

Principal Place of Business	Mailing Address
201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734

86693

DO NOT WRITE IN THIS SPACE

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 59-3754620 ☐ 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
AGNONE, LOUIS M 201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STELLA, GREGORY J 201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Williamson, Charles 1241 S. Ridgewood Ave. Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AGNONE, LOUIS M 201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Gaines, Richard 1110 John Anderson Dr. Ormond Bch, FL 32176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOULIS, HARRY 201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RICCI, DONATO R 201 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114-2734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SLADE, C. LAWRENCE 2894 MALIBU COURT DAYTONA BEACH FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAWTHORNE, KENNETH B JR 70 RIVERSIDE DRIVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 3/25/02 (386)257-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #