

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004363

1. Entity Name
AESCULAPIAN SURGERY CENTER, LLC



Principal Place of Business

943 S. BENEVA ROAD
SUITE 306
SARASOTA, FL 34232

Mailing Address

943 S. BENEVA ROAD
SUITE 306
SARASOTA, FL 34232



03152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0179499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, GEOFFREY G
943 S. BENEVA ROAD, STE. 306
SARASOTA, FL 34232

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IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000314441
04/18/05-80166-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INTERCOASTAL MEDICAL GROUP, INC
STREET ADDRESS	943 S BENEVA RD STE 306
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #