

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90064 021 ****50.00

0017798

DOCUMENT # L02000005717

1. Entity Name

SURGICARE ASSOCIATES, L.L.C.



Principal Place of Business

**2250 DREW STREET
CLEARWATER FL 33765**

Mailing Address

**2250 DREW STREET
CLEARWATER FL 33765**

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

03-0411867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756**

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

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SPINCARE ASSOCIATES, LLC 2250 DREW STREET CLEARWATER FL 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

9/13

127-724-5605

CR2E083 (4/03)