

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007911

1. Entity Name
NAWADA AMBULATORY SURGICAL CENTER, LLC



Principal Place of Business
**1121 1ST STREET, S
WINTER HAVEN, FL 33880**

Mailing Address
**1121 1ST STREET, S
WINTER HAVEN, FL 33880**



03252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C.U. NAWADA
1121 1ST STREET, S
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when requesting)

DATE

**Filing Fee is \$30.00
Due by May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	NAWADA, C.U.
STREET ADDRESS	271 LAKE LINK RD., S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
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	

**U000000099091
03/29/04-80068-020 50.00**

**DO NOT WRITE
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)(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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

C. U. NAWADA, M.D. 3-25-04 2932924 (P63)