

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007911

FILED
Apr 12, 2005
Secretary of State

Entity Name: NAWADA AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

1121 1ST STREET, S
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1121 1ST STREET, S
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NAWADA, C.U.
Address: 271 LAKE LINK RD., S.E.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: C.U. NAWADA

MGRM

04/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date