

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007911

FILED
Mar 09, 2009
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:

1121 1ST STREET SOUTH
WINTER HAVEN, FL 33880

Current Mailing Address:

1121 1ST STREET, S
WINTER HAVEN, FL 33880

New Mailing Address:

1121 1ST STREET SOUTH
WINTER HAVEN, FL 33880

FEI Number: 59-1988945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAWADA, C U M.D.
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/MANAGERS:

Title: PRES () Delete
Name: NAWADA, C U M.D.
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 exemption stated in Chapter 119, 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 M.D.

PRES

03/09/2009

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