

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007911

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** NAWADA AMBULATORY SURGICAL CENTER, LLC

**Current Principal Place of Business:**

1121 1ST STREET SOUTH  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

1121 1ST STREET SOUTH  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**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  
Name: NAWADA, C U M.D.  
Address: 271 LAKE LINK RD., S.E.  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 MD

PRES

04/05/2010

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