

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90048 022 ****55.00

DOCUMENT # L02000007918

1. Entity Name

BAYFRONT SAME DAY SURGERY CENTER, LLC



Principal Place of Business

Mailing Address

**701 - 6TH ST. SOUTH
ST. PETERSBURG FL 33701**

**701 - 6TH ST. SOUTH
ST. PETERSBURG FL 33701**

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

73-1637544

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, ROBERT W
701 - 6TH ST. SOUTH
ST. PETERSBURG FL 33701**

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 MGRM ☐ Delete
NAME ERIC FEDER
STREET ADDRESS 701 - 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition
NAME KAREN KENT
STREET ADDRESS 701 - 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Delete
NAME SUE G. BRODY
STREET ADDRESS 701 - 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition
NAME WILLIAM LOWRY, M.D.
STREET ADDRESS 4600 - 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE MGRM ☐ Delete
NAME DARRELL BULLINGTON, M.D.
STREET ADDRESS 601 - 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition
NAME ROBERT W. THORNTON
STREET ADDRESS 701 - 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Delete
NAME BRIAN D. BURKE, M.D.
STREET ADDRESS 601 - 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition
NAME BERNARD TORTORICE, M.D.
STREET ADDRESS 701 - 6TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Delete
NAME TRINA ESPINOLA, M.D.
STREET ADDRESS 603 - 7TH STREET SOUTH, #580
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Change ☐ Addition
NAME VIRGINIA WARD, M.D.
STREET ADDRESS 603 - 7TH STREET SOUTH, #320
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE MGRM ☐ Delete
NAME MARK GORDON, M.D.
STREET ADDRESS 601 - 7TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED ROBERT W. THORNTON

07/21/03

(727)893-6698

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

Date

Daytime Phone #

CR2E083 (4/03)