

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90025 035 ****50.00

DOCUMENT # L02000009420

1. Entity Name
COLONNADE AMBULATORY SURGICAL CENTER, LLC



Principal Place of Business
9626 BONITA BEACH RD.
SUITE C-2010
BONITA SPRINGS, FL 34135

Mailing Address
9626 BONITA BEACH RD.
SUITE C-2010
BONITA SPRINGS, FL 34135

2. Principal Place of Business
9520 Bonita Beach Rd
Suite, Apt. #, etc.
same

3. Mailing Address
same
Suite, Apt. #, etc.
same

City & State
Bonita Springs FL
Zip
34135 Country
USA

City & State
same
Zip
same Country
same



03082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0007372
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MURRAY, PAUL A
28000 SPANISH WELLS BLVD
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZANNOS, GREKOS G 9240 BONITA BCH RD E 2206 BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *ZANNOS GREKOS* **237-498-9114**
3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #