

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0037965

DOCUMENT # L02000009420

1. Entity Name

COLONNADE AMBULATORY SURGICAL CENTER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 PM 12:37

Wg/23

Principal Place of Business

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

2. Principal Place of Business

9646 Bonita Beach Rd

3. Mailing Address

9646 Bonita Beach Rd

Suite, Apt. #, etc.

Suite C-2010

Suite, Apt. #, etc.

Suite C-2010

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

4. FEI Number

20-0007372

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

MURRAY, PAUL A

5117 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Paul A. Murray

Street Address (P.O. Box Number is Not Acceptable)

28000 Spanish Wells Blvd

City

Bonita Springs

FL

Zip Code

34135

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

8/15/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ZANNOS, GREGORIS G
STREET ADDRESS 9240 BONITA BCH RD
CITY-ST-ZIP BONITA SPRINGS FL 34135

10. ADDITIONS/CHANGES

TITLE NAME 100018683934
STREET ADDRESS 05/09/03--01092--009
CITY-ST-ZIP **311.25

TITLE NAME
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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

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

Date

Daytime Phone #

4/29/03

CR2E083 (10/02)