

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90137 002 ****50.00

DOCUMENT # L02000013533

1. Entity Name
AFFILIATED SURGICAL GROUP, LLC



Principal Place of Business

1028 AQUAMARINE DR.
GULF BREEZE FL 32563
US

Mailing Address

1028 AQUAMARINE DR.
GULF BREEZE FL 32563
US

2. Principal Place of Business

422 E. GOVERNMENT ST.

Suite, Apt. #, etc.

3. Mailing Address

422 E. GOVERNMENT

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

4. FEI Number

74-3047150

Applied For

Not Applicable

Zip
32501

Country
ESCAMBIA

Zip
32501

Country
ESCAMBIA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, JASON R
226 PALAFOX PLACE
9TH FLOOR
PENSACOLA FL 32501**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABSOLUTE SURGICAL, INC.
1028 AQUAMARINE DR.
GULF BREEZE FL 32563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABSOLUTE SURGICAL, INC.
422 E. GOVERNMENT ST
PENSACOLA, FL 32501** ☒ Change ☐ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

4/17/03 850-437-1937

CR2E083 (10/02)