

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019765

FILED
Apr 29, 2004
Secretary of State

Entity Name: LAKELAND SURGICARE, LLC

Current Principal Place of Business:

2150 HARDEN BLVD
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2150 HARDEN BLVD
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 54-2067568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSER, LAWRENCE
2150 HARDEN BLVD
LAKELAND, FL 33803 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/MEMBERS:

Title: MGRM () Delete
Name: MUSSER, LAWRENCE B DDS
Address: 2841 SHOAL CREEK VILLAGE DR
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: RICHARDS, HARLEY M DDS
Address: 165 MORNINGSIDE DR
City-St-Zip: LAKELAND, LF 33803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE B MUSSER

MGRM

04/29/2004

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