

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-13-2003 90023 001 ****55.00

DOCUMENT # L02000019765



1. Entity Name
LAKELAND SURGICARE, LLC

Principal Place of Business

**2000 EAST EDGEWOOD DRIVE
SUITE 112
LAKELAND FL 33803**

Mailing Address

**C/O JACOBSON CONSULTING, 2323 CURLEW RD.
SUITE 7E
DUNEDIN FL 34698**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2150 HARDEN BLVD.

3. Mailing Address

2150 HARDEN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33803

Country

USA

Zip

33803

Country

USA

4. FEI Number

54-2067568

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBSON, CHARLES J
2323 CURLEW ROAD
SUITE 7E
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

Lawrence B. Musser

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

2150 HARDEN BLVD.

City

Lakeland

FL

Zip Code

33803

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]*

(NOTE: Registered Agent signature required when reinstating)

2/6/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MUSSER, LAWRENCE B DDS**
STREET ADDRESS **2000 EAST EDGEWOOD DRIVE, SUITE 112**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **MGRM** ☐ Delete
NAME **RICHARDS, HARLEY M DDS**
STREET ADDRESS **2000 EAST EDGEWOOD DRIVE, SUITE 112**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2841 SHOAL CREEK VILLAGE DR.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **165 MORNINGSIDE DR.**
CITY-ST-ZIP

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

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

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

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]*

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

2/6/03 863-665-8878

Date

Daytime Phone #

CR2E083 (10/02)