

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90186 043 ***138.75

DOCUMENT # L02000024087

1. Entity Name
LAKE MARY SURGERY CENTER, L.L.C.



Principal Place of Business
**460 ST. CHARLES COURT
LAKE MARY, FL 32746**

Mailing Address
**460 ST. CHARLES COURT
LAKE MARY, FL 32746**

60041782



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
13-4215228

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WATSON, CINDY
925 WILLISTON PARK PL. SUITE 1009
LAKE MARY, FL 32746**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
AUERBACH, DAVID DO
STREET ADDRESS
225 WEST SR 434
CITY-ST-ZIP
LONGWOOD, FL 32750 ☐ Delete

TITLE
NAME
CEO
Rodolfo Gari
STREET ADDRESS
5501 W. Gray St.
CITY-ST-ZIP
Tampa, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
MGRM
REED, STEPHEN M MD
STREET ADDRESS
2500 W. LAKE MARY BLVD., #217
CITY-ST-ZIP
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
COO
Mike Doyle
STREET ADDRESS
5501 W. Gray St.
CITY-ST-ZIP
Tampa, FL 33609 ☐ Change ☒ Addition

TITLE
NAME
MGRM
BRANCH, MICHAEL MD
STREET ADDRESS
1403 MEDICAL PLAZA DRIVE, #100
CITY-ST-ZIP
SANFORD, FL 32771 ☐ Delete

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

TITLE
NAME
MGRM
WATSON, CINDY M DPM
STREET ADDRESS
518 SABAL TRAIL CIR
CITY-ST-ZIP
LONGWOOD, FL 32779 ☐ Delete

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

TITLE
NAME
MGRM
O'NEAL, SEAN
STREET ADDRESS
200 STATION WAY, SUITE D
CITY-ST-ZIP
ARROYO GRANDE, CA 93420 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 exemptions contained in Chapter 119, 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 #

Mike Doyle

4/23/08

813 569-4500