

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014706

FILED
Apr 29, 2004
Secretary of State

Entity Name: RINEHART/LAKE MARY SURGICAL CENTER, LLC

Current Principal Place of Business:

4106 WEST LAKE MARY BLVD., STE. 325
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

4106 WEST LAKE MARY BLVD., STE. 325
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 04-3754202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSARA, ASHLEY
4106 WEST LAKE MARY BLVD., STE. 325
LAKE MARY, FL 32746 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: MGR () Delete
Name: NAVARRO, FELIX A JR
Address: P.O. BOX 2169
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: MALLAIAH, LENKALA R
Address: 311 NORTH MANGOUSTINE AVE
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: GADDIPATI, KAYANI
Address: 1061 MEDICAL CENTER DR., STE. 210
City-St-Zip: ORANGE CITY, FL 32763

Title: MGR () Delete
Name: HILAL, TALAL
Address: 160 NORTH SPRING LAKE RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: ANSARA, ASHLEY
Address: 4106 WEST LAKE MARY BLVD., STE. 325
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

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

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

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

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: ASHLEY ANSARA

MGR

04/29/2004

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