

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000029089



1. Entity Name

HARBOR CITY SURGICAL CARE, LLC

Principal Place of Business

211 E. NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address

211 E. NEW HAVEN AVE.
MELBOURNE FL 32901



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0133606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD, STE 505
MELBOURNE FL 32901

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
MOYLES, BRIANT G DPM
211 E. NEW HAVEN AVE
MELBOURNE FL 32901 ☐ Delete

☐ Change ☐ Addition
U000000612792
02/05/07-80014-011 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
WILSON, RICHARD C DPM
211 E. NEW HAVEN AVE
MELBOURNE FL 32901 ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Richard C Wilson

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

Date

321-723-3500

Daytime Phone #