FILED
May 04, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042589

1. Entity Name
HALLANDALE SURGICAL CENTER, LLC

Principal Place of Business	Mailing Address
815 SE 1ST AVE. HALLANDALE, FL 33309	815 SE 1ST AVE HALLANDALE, FL 33009

05012007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0801777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENWALD, DR. BRETT
815 SE 1ST AVE
HALLANDALE, FL 33009

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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 _____ Date
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when amending.

Filing Fee is $80.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GREENWALD, DR. BRETT
STREET ADDRESS	815 SE 1ST AVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/30/07-80040-019 50.00

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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: _____ 4/30/07 954-818-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CK# 1712