2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/3/2

FILED
Sep 20, 2004 8:00 am
Secretary of State
09-03-2004 90037 017 ****50.00

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1. Entity Name
MIRAMAR AMBULATORY SURGICAL CENTER, LLC

34010479

Principal Place of Business	Mailing Address
9400 S. DADELAND BLVD, STE. 600 MIAMI, FL 33156	9400 S. DADELAND BLVD, STE. 600 MIAMI, FL 33156

08262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0610653 ☐ Applied For ☐ Not Applicable

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
CHASE, ALAN R ESQ 9400 S. DADELAND BLVD, STE. 600 MIAMI, FL 33156	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORESTES ROSABAL PRESIDENT 7100 WEST 20 AVENUE #101 HIALEAH, FLORIDA 33016 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH EASTERLING V.P. 7100 WEST 20TH AVENUE #101 HIALEAH, FLORIDA 33016 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONY DIAZ SECRETARY 7100 WEST 20TH AVENUE #101 HIALEAH, FLORIDA 33016 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIM HAND, TREASURER 605 STATE STREET AUGUSTA, KANSAS 67010 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #