

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 026 ****50.00

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1. Entity Name
SURGICAL SERVICES OF WEST FLORIDA, L.L.C.



Principal Place of Business
5741 BEE RIDGE ROAD
#590
SARASOTA, FL 34233-5064

Mailing Address
P.O. BOX 25036
SARASOTA, FL 34277

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
61-1479039

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

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SHORTT, JAMES D MD
STREET ADDRESS 5741 BEE RIDGE SUITE 590
CITY-ST-ZIP SARASOTA, FL 34233

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

TITLE MGRM ☐ Delete
NAME SHORTT, LESLIE A
STREET ADDRESS 5741 BEE RIDGE SUITE 590
CITY-ST-ZIP SARASOTA, FL 34233

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

TITLE MGR ☐ Delete
NAME SHORTT, JAMES D
STREET ADDRESS 5741 BEE RIDGE SUITE 590
CITY-ST-ZIP SARASOTA, FL 34233

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

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

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]*

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

2/15/07

Date

(941) 539-7087

Daytime Phone #