

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000084679**

1. Entity Name

**SANTA LUCIA SURGICAL CENTER, LLC**



Principal Place of Business

**2441 S.W. 37TH AVENUE  
MIAMI, FL 33145**

Mailing Address

**2441 S.W. 37TH AVENUE  
MIAMI, FL 33145**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1918515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AIRALA, MANUEL M.D.  
2441 S.W. 37TH AVENUE  
MIAMI, FL 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>SANTA LUCIA SURGICAL CENTER, INC.</b>
STREET ADDRESS	<b>2441 S.W. 37TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>

TITLE	
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CITY-ST-ZIP	

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U00000941586  
05/28/08-80113-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

**4 50.00**

Date

Daytime Phone #