

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L05000066644

1. Entity Name

SEVEN HILLS SURGERY CENTER LLC



Principal Place of Business

2010 FLEISCHMANN ROAD
TALLAHASSEE, FL 32308-4599

Mailing Address

2010 FLEISCHMANN ROAD
TALLAHASSEE, FL 32308-4599



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3044042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1805

**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 MGRM
NAME WEAVER, TONY A
STREET ADDRESS 6337 HEARTLAND CIR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGRM
NAME KATO, KENNETH P
STREET ADDRESS 1264 PENNY LN
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM
NAME FORD, JERRY G
STREET ADDRESS 1743 ARMISTEAD PLACE
CITY-ST-ZIP TALLAHASSEE, FL 323080953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000794577
01/28/08-80013-015 138.75

**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

Date

Daytime Phone #