

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 023 ****50.00

DOCUMENT # L05000101544 1. Entity Name SURGERY CENTER AT UNIVERSITY PARK, LLC					
Principal Place of Business % JOHN L. MOORE 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Mailing Address % JOHN L. MOORE 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o James D. Needham			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6015 Pointe West Blvd.			
City & State		City & State Bradenton, FL			
Zip 34209	Country	Zip 34209	Country	4. FEI Number 20-3757623	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOORE, JOHN L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR - NEEDHAM, JAMES D 6015 POINTE WEST DR BRADENTON, FL 34206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Needham, James D. 6015 Pointe West Boulevard Bradenton, FL 34209	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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02082007 Chg-LLC CR2E083 (12/06)

\$5.00 Additional
Fee Required