

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000107158

1. Entity Name
ORANGE CITY SURGERY CENTER, LLC



Principal Place of Business
305 EAST NEW YORK AVE
DELAND, FL 32724

Mailing Address
305 EAST NEW YORK AVE
DELAND, FL 32724



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3831266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KROPP, THOMAS
305 EAST NEW YORK AVE
DELAND, FL 32724

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHAH, DEVANG
963 TOWN CENTER DR
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KROPP, THOMAS
305 EAST NEW YORK AVE
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CORDERO, ROBERT
305 EAST NEW YORK AVE
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000779706
01/11/08-80049-003 138.75

**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 606, Florida Statutes.

SIGNATURE: _____

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

Thomas M. Kropp

Date

Daytime Phone #

1-7-08 (386) 734-2931