

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90183 021 ****50.00

DOCUMENT # L06000120455

1. Entity Name
FORT WALTON BEACH SURGERY CENTER, LLC



Principal Place of Business
**C/O WILLIAM R. MARSHALL, MD
928 D MAR WALT DRIVE
FORT WALTON BEACH, FL 32547**

Mailing Address
**C/O WILLIAM R. MARSHALL, MD
928 D MAR WALT DRIVE
FORT WALTON BEACH, FL 32547**

60054958



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FCI Number

20-8066886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~FOSTER, WILLIAM S
908 MAR WALT DRIVE
1014
FORT WALTON BEACH, FL 32547~~

Name **WILLIAM R. MARSHALL**

Street Address (P.O. Box Number is Not Acceptable)
928-D MAR WALT DRIVE

City **Fort Walton Bch**

FL Zip Code **32477**

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

William R. Marshall

7/18/07

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 September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MARSHALL HOLDINGS, L.L.C.**
STREET ADDRESS **928 D MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **MGR** ☐ Delete
NAME **MACEY FAMILY MANAGEMENT, L.L.C.**
STREET ADDRESS **928 D MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **MGR** ☐ Delete
NAME **EMERALD COAST EYE PARTNERS, L.L.C.**
STREET ADDRESS **911 A NW MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **MGR** ☐ Delete
NAME **CAMPBELL, WAYNE**
STREET ADDRESS **1000 MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **MGR** ☐ Delete
NAME **WITTERSTAETER, ELLEN**
STREET ADDRESS **1000 MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **MGR** ☐ Delete
NAME **WYATT, VINCE**
STREET ADDRESS **1000 MAR WALT DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

7/18/07

(850) 863-2153

Date

Daytime Phone #