


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000121647	
1. Entity Name HARBORSIDE SURGERY CENTER, LLC	

Principal Place of Business 610 E. OLYMPIA AVE., SUITE 100 PUNTA GORDA, FL 33950	Mailing Address 610 E. OLYMPIA AVE., SUITE 100 PUNTA GORDA, FL 33950
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
07 MAR 23 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0443846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOENNING, STEPHEN P M.D. 610 E. OLYMPIA AVE., SUITE 100 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT STEPHEN P. MOENNING 610 E. OLYMPIA AVE PUNTA GORDA, FL 33950		900095284449 04/05/07--01029--019 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	STEPHEN P. MOENNING, MD	Date 2-15-07	Daytime Phone # 941-833-1104
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K. Eckel MAR 28 2007