

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-13-2007 90039 041 ****50.00

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
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

00000001



03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0443846	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--------------------------------

8. 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
--

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 \$90.00 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	☐ 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
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
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

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: 	Date: 4-10-07	Daytime Phone #: 941-833-1104
--	---------------	-------------------------------