

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

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**



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0443846

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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
MOENNING, STEPHEN P M.D.
610 EAST OLYMPIA AVENUE, SUITE 100
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GUARINO, JOHN F M.D.
610 EAST OLYMPIA AVENUE, SUITE 100
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DAVIS, MARK M.D.
1951 TAMiami TRAIL, SUITE B
PORT CHARLOTTE, FL 33948**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U600000860483
04/02/08-80062-024 138.75

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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 608, Florida Statutes

SIGNATURE:

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

3-12-08

Date

941 639-4646

Daytime Phone #