

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088906

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** LAKE CITY SURGERY CENTER, LLC

**Current Principal Place of Business:**

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

404 NW HALL OF FAME DRIVE  
LAKE CITY, FL 32055 US

**New Mailing Address:**

**FEI Number:** 26-0811545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THANAWALA, RIZWANA  
4355 NW AMERICAN LANE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

THANAWALA, RIZWANA  
4367 NW AMERICAN LANE  
LAKE CITY, FL 32055 US

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.

SIGNATURE: RIZWANA THANAWALA, MD

04/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AMERE, LLC  
Address: 4367 NW AMERICAN LANE  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RIZWANA THANAWALA, MD

MGRM

04/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date