FILE NOW: Fee after May 1, will be $588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 25 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 203.75

Annual Report $100.00 + $103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L94000000357

HEALTHPARK SURGERY CENTER, L.C.
1283 JACARANDA BLVD.
VENICE FL 34292

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

1201 JACARANDA BLVD
VENICE FL 34292

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
07/27/1994	FL

4. FEI Number: 65-0507342 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 03/21/1996

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

Mike Rolph
540 The Rialto
VENICE HOSPITAL
VENICE FL 34285

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City: FL Zip Code

000002093220--1
-02/27/97--01047--008
****203.75 ****203.75

9. Pursuant to the provisions of Sections 608.416 and 608.506, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Mike Rolph DATE 2/18/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BON SECOURS VENICE H,	540 THE RIALTO	VENICE FL
MGRM	Ross, Norman	530 S. Nokomis	VENICE FL
MEM	Smith, Bryan	436 S. Nokomis	VENICE FL
MGRM	CONROY, RICHARD A	459 S. SHORE DR.	OSPREY FL
MGRM	D'AMICO, JOSEPH	714 LAGUNA DR.	VENICE FL
MGRM	Grossbard, Howard	241 Nokomis Ave.	VENICE FL

2-18-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Richard A Conroy 2-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)