

2000 UNIFORM BUSINESS REPORT (UBR)

0011539 AF

DOCUMENT # L94000000357

1. Entity Name
HEALTHPARK SURGERY CENTER, L.C.

FILED

00 JAN 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1201 JACARANDA BLVD
VENICE FL 34292

Mailing Address
1283 JACARANDA BLVD.
VENICE FL 34292-4522

2. Principal Place of Business
1283 Jacaranda Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Venice, FL

City & State

4. FEI Number
65-0507342

Applied For
Not Applicable

Zip
34292

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESS, ROY
540 THE RIALTO
VENICE HOSPITAL
VENICE FL 34285

Name
Kathryn Connerton, Esq.
Street Address (P.O. Box Number is Not Acceptable)
540 The Rialto
City
Venice FL Zip Code
34285

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BON SECOURS VENICE HEALTHCARE
540 THE RIALTO
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSS, ROBERT JR.
530 S. NOKOMIS
VENICE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Ruane, Thomas
530 S. Nokomis, FL 34285

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FRASER, KENNETH
420 S. TAMiami TR
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PAOLILLO, RICHARD
1295 JACARANDA BLVD.
VENICE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500003119805--9

02/01/00-01139-011

*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D'AMICO, JOSEPH
714 LAGUNA DR.
VENICE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABELLO, DAVID
530 S. NOKOMIS
VENICE FL

☐ 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 exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Kermit Knight, Administrator 1/10/00 9414975660

CR2E083 (9/99)