

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000357

1. Entity Name

HEALTHPARK SURGERY CENTER, L.C.

FILED

01 JAN 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1283 JACARANDA BLVD.
VENICE FL 34292

Mailing Address

1283 JACARANDA BLVD.
VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0507342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNERTON, KATHRYN ESQ.
540 THE RIALTO
VENICE FL 34285

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.

SIGNATURE

Kathryn Connerton

1/16/01

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RUANE, THOMAS
STREET ADDRESS 530 S. NOKOMIS
CITY-ST-ZIP VENICE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joseph D'Amico

1/22/01

941 497 5660

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

Date

Daytime Phone #

CR2E083 (11/00)