

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90275 045 ****50.00

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



Principal Place of Business
1283 JACARANDA BLVD.
VENICE, FL 34292

Mailing Address
1283 JACARANDA BLVD.
VENICE, FL 34292

24023656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-0507342

Applied For
Not Applicable

Zip

Country

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

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. 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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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 NOAH, JOSEPH
STREET ADDRESS 530 S. NOKOMIS
CITY-ST-ZIP VENICE, FL

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Robert Sarno, MD
CITY-ST-ZIP 9 Gulf Manor Dr
VENICE, FL 34285

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

TITLE ☐ Change ☒ Addition
NAME J-P Vidolin, MD
STREET ADDRESS 404 Bayshore Dr
CITY-ST-ZIP Osprey, FL 34229

TITLE MGRM ☒ Delete
NAME D'AMICO, JOSEPH
STREET ADDRESS 530 S NOKOMIS AVE STE 16
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS Thomas Ruane MD
CITY-ST-ZIP 842 Sunset Lake Blvd
Suite 403
VENICE, FL 34292

TITLE MGRM ☐ Delete
NAME PATETE, MICHAEL
STREET ADDRESS 213 PALERMO PLACE
CITY-ST-ZIP VENICE, FL 34285

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:

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

Date

Daytime Phone #