

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000357

FILED
Mar 02, 2005
Secretary of State

Entity Name: HEALTHPARK SURGERY CENTER, L.C.

Current Principal Place of Business:

1283 JACARANDA BLVD.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

1283 JACARANDA BLVD.
VENICE, FL 34292

New Mailing Address:

FEI Number: 65-0507342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, KERMIT
1283 JACARANDA BLVD.
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BON SECOURS VENICE H, EALTHCARE
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL

Title: MGRM () Delete
Name: SEMO, ROBERT
Address: 9 GULF MANOR DR.
City-St-Zip: VENICE, FL 34285

Title: MGRM () Delete
Name: VIDOLIN, J.P. M.D.
Address: 404 BAYSHORE DR.
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: RVANE, THOMAS
Address: 842 SUNSET LAKE BLVD
City-St-Zip: VENICE, FL 34282

Title: MGRM (X) Delete
Name: PATETE, MICHAEL
Address: 213 PALERMO PLACE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VENICE HMA DBA VENIC, E REGIONAL MED I CAL CEN
Address: 540 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: MGRM (X) Change () Addition
Name: RUANE, THOMAS
Address: 842 SUNSET LAKE BLVD
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PATETE, MICHAEL
Address: 213 PALERMO PLACE
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL PATETE

PRES

03/02/2005

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