

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002015 1. Entity Name FEATHERSOUND SURGERY CENTER LLC	
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Principal Place of Business 2325 ULMERTON RD. STE. 27 CLEARWATER, FL 33762	Mailing Address 2325 ULMERTON RD. STE. 27 CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3672558	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DREHSEN, RAPHAEL A 2325 ULMERTON RD. STE. 27 CLEARWATER, FL 33762	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000137334
04/29/04-80036-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DREHSEN, RAPHAEL A 2325 ULMERTON RD. STE. 27 CLEARWATER, FL 33762
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IN THIS SPACE**

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:  **Raphael Drehsen** **1-19-04** **(727) 592-0841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #