

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001020

1. Entity Name

OAKRIDGE AMBULATORY SURGERY, LLC

Principal Place of Business

5601 NORTH DIXIE HIGHWAY, SUITE 411
FT. LAUDERDALE FL 33434

Mailing Address

5601 NORTH DIXIE HIGHWAY, SUITE 411
FT. LAUDERDALE FL 33434

2. Principal Place of Business

1000 N.E. 56th Street

3. Mailing Address

1000 N.E. 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0859213

Applied For

Not Applicable

Zip
33334

Country
Broward

Zip
33334

Country
Broward

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZNER, GARY

2400 S. DIXIE HIGHWAY, SUITE 200
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Matzner, Gary

Street Address (P.O. Box Number is Not Acceptable)
1000 N.E. 56th Street

City

Fort Lauderdale

FL

Zip Code
33334

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

TITLE NAME MGRM ☒ Delete
GULAREK, JAMES J
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 411
CITY-ST-ZIP FT. LAUDERDALE FL 33434

TITLE NAME MGRM ☐ Delete
NORIEGA, RUDY J
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 411
CITY-ST-ZIP FT. LAUDERDALE FL 33434

TITLE NAME MGRM ☐ Delete
MATZNER, GARY C
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 411
CITY-ST-ZIP FT. LAUDERDALE FL 33434

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☐ Change ☒ Addition
Campbell, M.D., Doyle
STREET ADDRESS 1000 N.E. 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE NAME MGRM ☒ Change ☐ Addition
Noriega, Rudy J.
STREET ADDRESS 1000 N.E. 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE NAME ☒ Change ☐ Addition
Matzner, Gary C.
STREET ADDRESS 1000 N.E. 56th Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

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

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

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

000003279240--0
-06/07/00--01007--025

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

☐ Change ☐ Addition

☐ Change ☐ Addition