

07/01/2004 THU 22:08 FAX

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FILED
Jul 16, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001020 1. Entity Name OAKRIDGE AMBULATORY SURGERY, LLC	
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Principal Place of Business
1000 N.E. 56TH STREET
FT. LAUDERDALE, FL 33334

Mailing Address
1000 N.E. 56TH STREET
FT. LAUDERDALE, FL 33334



07012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859218	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 September 2, 2004

U000000166784
07/16/04-80011-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INGLIS, RICHARD K ESQ 2455 SUNRISE BLVD STE 320 FORT LAUDERDALE, FL 33304
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**DO NOT WRITE
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)(f), 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 606, Florida Statutes.

SIGNATURE:

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

Date

Deputy Form 8

6/30/04 954-565-1977