

01/04/2005 TUE 23:46 FAX

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90057 037 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000001020		
1. Entity Name OAKRIDGE AMBULATORY SURGERY, LLC		
Principal Place of Business 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334		Mailing Address 1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		4. FEI Number 85-0859218 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
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	DO NOT WRITE IN THIS SPACE
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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: <u>Richard K. Inglis, Mgr</u> 1/4/05 954-565-1977 SIGNATURE AND TYPED OR PRINTED NAME OF SHOPPING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		