

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000100006

**Entity Name:** PONTE VEDRA AMBULATORY SURGERY CENTER, INC.

**Current Principal Place of Business:**

209 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

209 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082

**FEI Number: 55-0806256**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PVPS HOLDINGS, LLC  
209 PONTE VEDRA PARK DR.  
PONTE VEDRA BEACH, FL 32082 US

*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: C. CAYCE RUMSEY III**

**04/07/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name RUMSEY, III, C. CAYCE DR.  
Address 209 PONTE VEDRA PARK DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY  
Name BURK, III, ROBERT W DR.  
Address 209 PONTE VEDRA PARK DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TREASURER  
Name STERNBERG, EREZ DR.  
Address 209 PONTE VEDRA PARK DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT  
Name HICKMAN, HOLLIE J DR.  
Address 209 PONTE VEDRA PARK DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HOLLIE J. HICKMAN, DR.**

**PRESIDENT**

**04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date