

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000050941

**Entity Name:** BRADENTON SURGERY CENTER, INC.

**Current Principal Place of Business:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209

**Current Mailing Address:**

2902 59TH W  
SUITES F AND G  
BRADENTON, FL 34209 US

**FEI Number:** 65-0505185

**Certificate of Status Desired:** No

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

MONTERO, CARLOS  
2902 59TH ST W  
SUITES F & G  
BRADENTON, FL 34209 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:** CARLOS MONTERO MD

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MONTERO, CARLOS  
Address 2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title VPT  
Name RODDENBERRY, JOHN D  
Address 2902 59TH STREET WEST  
SUITES F&G  
City-State-Zip: BRADENTON FL 34209

Title TRSR  
Name RODRIGUEZ, MANUEL E  
Address 2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

Title SCT  
Name RASCON-AGULAR, IVAN E  
Address 2902 59TH ST W, SUITES F & G  
City-State-Zip: BRADENTON FL 34209

*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:** JOHN RODDENBERRY

**BUSINESS OFFICE  
MANAGER**

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date