

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005957

Entity Name: WINTER HAVEN AMBULATORY SURGICAL CENTER, L.L.C.

Current Principal Place of Business:

14201 DALLAS PKWY
BUILDING 1
DALLAS, TX 75254

Current Mailing Address:

14201 DALLAS PKWY
BUILDING 1
DALLAS, TX 75254 US

FEI Number: 59-3659906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name NATIONAL SURGERY CENTER HOLDINGS, INC.
Address 14201 DALLAS PKWY BUILDING 1
City-State-Zip: DALLAS TX 75254

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATIONAL SURGERY CENTER HOLDINGS, INC.

MGRM

01/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date