

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011010

Entity Name: VERO BEACH SURGERY CENTER, L.L.C.

Current Principal Place of Business:

845 37TH PLACE
VERO BEACH, FL 32960

Current Mailing Address:

P.O. BOX 643408
VERO BEACH, FL 32964

FEI Number: 59-3674630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH, FL 32963 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 MGR
Name HUSSAMY, CAROLE M
Address 845 37TH PLACE
City-State-Zip: VERO BEACH FL 32960

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: CAROLE M HUSSAMY

MGR

02/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date