# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011778

Entity Name: AMBULATORY SURGERY CENTER OF THE FLORIDA KEYS,

LLC

Apr 14, 2014 Secretary of State CC1415854736

**FILED** 

# **Current Principal Place of Business:**

3428 N ROOSEVELT BLVD KEY WEST, FL 33040

# **Current Mailing Address:**

3428 N ROOSEVELT BLVD KEY WEST, FL 33040

FEI Number: 65-1082829 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CATANA, ELIZABETH M 3428 N ROOSEVELT BLVD KEY WEST, FL 33040 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 CATANA, ELIZABETH M
Address 3428 N ROOSEVELT BLVD

City-State-Zip: KEY WEST FL 33040

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.