

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006467

Entity Name: TWIN LAKES SURGERY CENTER, LLC**Current Principal Place of Business:**1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117**Current Mailing Address:**1890 LPGA BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32117**FEI Number:** 54-2097061**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIANCHI, JOSEPH D DR.
1890 LPGA BLVD STE 200
DAYTONA BEACH, FL 32117 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:** JOSEPH D BIANCHI

04/13/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	CARBIENER, PAMELA BM.D.
Address	30 TWELVE OAKS TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGRM
Name	GILLESPIE, ALBERT MD
Address	1890 LPGA BLVD. STE. 200
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MGRM
Name	BIANCHI, JOSEPH D DR.
Address	1890 LPGA BLVD SUITE 200
City-State-Zip:	DAYTONA BEACH FL 32114

Title	MGRM
Name	LAPHAM, DIANE MD
Address	1890 LPGA BLVD STE 200
City-State-Zip:	DAYTONA BEACH FL 32117

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: JOSEPH D. BIANCHI**REGISTERED AGENT**

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date