

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038278

Entity Name: SOUTH PALM AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

Current Mailing Address:

1905 CLINT MOORE RD.
SUITE 115
BOCA RATON, FL 33496

FEI Number: 20-0313969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
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 MGR, VP
Name COHEN, M.D., G. RICHARD
Address 3020 NORTH MILITARY TRAIL
SUITE 150
City-State-Zip: BOCA RATON FL 33431

Title MGR, VP
Name EISNER, M.D., TODD
Address 951 NW 13TH STREET NO. 2E
City-State-Zip: BOCA RATON FL 33486

Title MGR, SECRETARY
Name PATRICK, SOLOMON
Address 1613 N. HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title MGR, CFO, VP
Name KIRALY, THOMAS
Address 1613 N. HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title CEO
Name CARLYLE, JOHN
Address 1613 N. HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

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: PATRICK SOLOMON

SECRETARY

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date