

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038278

**Entity Name:** SOUTH PALM AMBULATORY SURGERY CENTER, LLC

**Current Principal Place of Business:**

7700 W. SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 W. SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number:** 20-0313969

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           MANAGING MEMBER  
Name           FO INVESTMENTS II, INC.  
Address        7700 W. SUNRISE BOULEVARD  
                  MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

*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:** CRAIG WILSON

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date