

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 VICE PRESIDENT
Name EISNER, TODD
Address 7700 W. SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MGRM
Name FO INVESTMENTS, INC.
Address 7700 W. SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VICE PRESIDENT
Name COHEN, G. RICHARD
Address 7700 W. SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SECRETARY, MANAGER
Name SOLOMON, PATRICK
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: PATRICK SOLOMON

MANAGER

06/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date