

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084679

**Entity Name:** SANTA LUCIA SURGICAL CENTER, LLC

**Current Principal Place of Business:**

2441 S.W. 37TH AVENUE  
MIAMI, FL 33145

**Current Mailing Address:**

2441 S.W. 37TH AVENUE  
MIAMI, FL 33145

**FEI Number:** 20-1918525

**Certificate of Status Desired:** No

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

ESQUENAZI, SALOMON MD  
2441 SW 37TH AVE.  
MIAMI, FL 33145 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:** SALOMON ESQUENAZI

01/08/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM, P. S  
Name ESQUENAZI, SALOMON MD  
Address 2441 S.W. 37TH AVENUE  
City-State-Zip: MIAMI FL 33145

*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:** SALOMON ESQUENAZI

MANAGER MEMBER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date