

2013 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

02/21/2013

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

Title VP
Name AIRALA, MANUEL MD
Address 2441 S.W. 37TH AVENUE
City-State-Zip: MIAMI FL 33145

Title VP
Name ZARCO, ISIDORO 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALOMON ESQUENAZI, MD

MGRM

02/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date