# 2016 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

### 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

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleMGRM, P. SNameESQUENAZI, SALOMON MDAddress2441 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.

MGR

SIGNATURE: SALOMON ESQUENAZI

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 05, 2016 Secretary of State CC1419896077

Certificate of Status Desired: No

02/05/2016

Date

02/05/2016 Date