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: JENNIFER BALDOCK

DOCUMENT# L04000090085

Entity Name: CAPE CORAL AMBULATORY SURGERY CENTER, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

2721 DEL PRADO BOULEVARD SUITE 100 CAPE CORAL, FL 33904

Current Mailing Address:

310 SEVEN SPRINGS WAY SUITE 500 BRENTWOOD, TX 37027 US

FEI Number: 20-2001489

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	BALDOCK, JENNIFER	Name	COWHEY, TOM
Address	310 SEVEN SPRINGS WAY SUITE 500	Address	310 SEVEN SPRINGS WAY SUITE 500
City-State-Zip:	BRENTWOOD TX 37027	City-State-Zip:	BRENTWOOD TX 37027

Certificate of Status Desired: No

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 22, 2022 Secretary of State 5730706831CC

> 04/22/2022 Date

Date