

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090085

Entity Name: CAPE CORAL AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

310 SEVEN SPRINGS WAY
SUITE 500
BRENTWOOD, TX 37027

Current Mailing Address:

310 SEVEN SPRINGS WAY
SUITE 500
BRENTWOOD, TX 37027 US

FEI Number: 20-2001489

Certificate of Status Desired: No

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

Date

Authorized Person(s) Detail :

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

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

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

MANAGER

03/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date