

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013058

**Entity Name:** ST. MARK'S SURGICAL CENTER, L.L.C.

**Current Principal Place of Business:**

6900 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912 US

**FEI Number:** 36-4577700

**Certificate of Status Desired:** No

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

COLLINS VISION  
6900 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912 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:** MICHAEL J COLLINS

02/22/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COLLINS, MICHAEL MD  
Address 6820 INTERNATIONAL CENTER  
BOULEVARD  
City-State-Zip: FT. MYERS FL 33912

*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:** MICHAEL COLLINS

MGRM

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date