

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000013058

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

**Current Principal Place of Business:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

6820 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**FEI Number:** 36-4577700

**Certificate of Status Desired:** No

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

FLAHARTY, PATRICK MMD  
11670 ROSEMOUNT DR  
FT. MYERS, FL 33913 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 MGRM  
Name PALMON, FLORENTINO MD  
Address 11250 MAHOGANY RUN  
City-State-Zip: FT. MYERS FL 33913

*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:** FLORENTINO PALMON, MD

MGRM

01/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date