

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101544

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC6924471303**

**Entity Name:** SURGERY CENTER AT UNIVERSITY PARK, LLC

**Current Principal Place of Business:**

C/O JONATHON ADLER, M.D.  
983 SOUTH BENEVA RD.  
SARASOTA, FL 34232

**Current Mailing Address:**

C/O JONATHON ADLER, M.D.  
983 SOUTH BENEVA RD.  
SARASOTA, FL 34232

**FEI Number:** 20-3757623

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name ADLER, JONATHAN M.D.  
Address 1509 53RD AVENUE W  
City-State-Zip: BRADENTON FL 34207

Title MGR  
Name DEEMS, DANIEL M.D.  
Address 8451 SHADE AVENUE #107  
City-State-Zip: SARASOTA FL 34243

Title MGR  
Name BURNES, MARGERIE  
Address 8451 SHADE AVENUE #206  
City-State-Zip: SARASOTA FL 34243

Title MGR  
Name ROYCE, JACQUELINE DO  
Address 2401 UNIVERSITY PARK, STE. 206,  
BLDG.1  
City-State-Zip: SARASOTA FL 34243

Title MGR  
Name DORMAN, BRUCE MD  
Address 311 MANATEE AVE. E.  
City-State-Zip: BRADENTON FL 34208

Title MGR  
Name CAMPBELL, DAVID MD  
Address 2121 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34239

Title MGR  
Name SCHWARTZ, THOMAS MD  
Address 1219 EAST AVE. SOUTH  
SUITE 2  
City-State-Zip: SARASOTA FL 34239

Title MGR  
Name AHMADI, BAHRAM MD  
Address 8340 LAKEWOOD RANCH BLVD.  
SUITE 330  
City-State-Zip: SARASOTA FL 34202

*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:** JONATHAN ADLER, MD

**MGR**

**01/14/2014**

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

\_\_\_\_\_  
Date