

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019305

Entity Name: BARDMOOR SURGERY CENTER, LLC

Current Principal Place of Business:

8787 BYRAN DAIRY RD
SUITE 300
LARGO, FL 33777

Current Mailing Address:

8452 118TH AVENUE NORTH
LARGO, FL 33773 US

FEI Number: 20-4385452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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 MEMB
Name BAYCARE SURGERY CENTERS, LLC
Address 8452 118TH AVENUE NORTH
City-State-Zip: LARGO FL 33773

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: JACQUELINE JARRELL

ADMINISTRATOR

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date