

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019305

Entity Name: BARDMOOR SURGERY CENTER, LLC

Current Principal Place of Business:

8787 BRYAN DAIRY ROAD
SUITE 300
LARGO, FL 33777

Current Mailing Address:

3890 TAMPA ROAD
PALM HARBOR, FL 34684 US

FEI Number: 20-4385452

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC.
ATTN: LEGAL SERVICES DEPT
2985 DREW ST
CLEARWATER, FL 33759 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: JENNIFER L TOUSE

01/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name JONES, TODD
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title VP
Name ALBRECHT, ERIC
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER
Name TREMONTI, CARL
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title SECRETARY
Name SMITH, LAURA
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name GOLDBERG, HEIDI DR.
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name ERICKSON, KURT DR.
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name MILLER, MITCHELL DR.
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

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: TODD JONES

PRESIDENT

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date