2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034904

Entity Name: SARASOTA PHYSICIANS SURGICAL CENTER, LLC

Current Principal Place of Business:

1A BURTON HILLS BLVD
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BLVD
NASHVILLE, TN 37215 US

FEI Number: 43-2110985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	LIMITED PARTNER		Title	LIMITED PARTNER
Name	MARLOWE, MD, ANDREW		Name	WEINKLE, MD, DANA
Address	1A BURTON HILLS BLVD		Address	1A BURTON HILLS BLVD
City-State-Zip:	NASHVILLE TN 37215		City-State-Zip:	NASHVILLE TN 37215
Title	AUTHORIZED PERSON		Title	LIMITED PARTNER
Name	MOORE, ILENE		Name	SUGAR, MD, DAVID
Address	1A BURTON HILLS BLVD		Address	1A BURTON HILLS BLVD
City-State-Zip:	NASHVILLE TN 37215		City-State-Zip:	NASHVILLE TN 37215
Title	LIMITED PARTNER		Title	GENERAL PARTNER
Name	YUNIS, MD, JONATHAN		Name	WHITE, LINDA
Address	1A BURTON HILLS BLVD		Address	1A BURTON HILLS BLVD
City-State-Zip:	NASHVILLE TN 37215		City-State-Zip:	NASHVILLE TN 37215

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: ILENE MOORE   AUTHORIZED PERSON   04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail   Date