

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034904

Entity Name: SARASOTA PHYSICIANS SURGICAL CENTER, LLC

Current Principal Place of Business:

3201 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

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:

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 SECRETARY, TREASURER, VP
Name GULMI, CLAIRE
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title PRES
Name CLENDENIN, PHILLIP
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title VP
Name EASTRIDGE, KEVIN
Address 1A BURTON HILLS BLVD
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: CLAIRE M GULMI

SEC

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date