2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2018
Secretary of State
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Entity Name: SSC PHYSICIANS, L.L.C.

Current Principal Place of Business:

C/O SARASOTA PHYSICIANS SURGICAL CENTER
3201 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

Current Mailing Address:

C/O SARASOTA PHYSICIANS SURGICAL CENTER
3131 SOUTH TAMIAMI TRAIL SUITE 201
SARASOTA, FL 34239 US

FEI Number: 43-2110984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEINKLE, DANA J DR
C/O SARASOTA PHYSICIANS SURGICAL CENTER
3131 SOUTH TAMIAMI TRAIL SUITE 201
SARASOTA, FL 34239 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: DANA J. WEINKLE,MD 04/17/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	WEINKLE, DANA JM.D.
Address	3131 SOUTH TAMIAMI TRAIL, SUITE 201
City-State-Zip:	SARASOTA FL 34239

Title	MGR
Name	SUGAR, DAVID AM.D.
Address	2750 BAHIA VISTA STREET, SUITE 100
City-State-Zip:	SARASOTA FL 34239

Title	MGR
Name	MARLOWE, ANDREW MM.D.
Address	5432 BEE RIDGE ROAD, SUITE 150
City-State-Zip:	SARASOTA FL 34233

Title	MGR
Name	YUNIS, JONATHAN PM.D.
Address	1921 WALDEMERE STREET, SUITE 504
City-State-Zip:	SARASOTA FL 34239

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: DANA J. WEINKLE, MD MGR 04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date