

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000035194

**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