

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074381

**Entity Name:** SURGERY PARTNERS OF NEW TAMPA, LLC

**Current Principal Place of Business:**

5501 W. GRAY STREET  
TAMPA, FL 33609

**Current Mailing Address:**

5501 W. GRAY STREET  
TAMPA, FL 33609 US

**FEI Number:** 20-4909097

**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            CEO  
Name            DOYLE, MICHAEL  
Address        5501 W. GRAY STREET  
City-State-Zip: TAMPA FL 33609

*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:** MICHAEL DOYLE

CEO

04/23/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date