

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093036

Entity Name: GLOBAL SURGICAL PARTNERS OF SARASOTA, L.L.C.

FILED
Apr 23, 2018
Secretary of State
CC5107168607

Current Principal Place of Business:

7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
PLANTATION, FL 33322 US

FEI Number: 56-2649038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: MANAGER, PRESIDENT
Name: JACKSON, BRIAN
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: EXECUTIVE VICE PRESIDENT
Name: EASTRIDGE, KEVIN
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: SENIOR VICE PRESIDENT CLINICAL
Name: DROZDOW, GILBERT
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: SENIOR VICE PRESIDENT,
SECRETARY
Name: WILSON, CRAIG
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: VP, ASST. SECRETARY
Name: MARCUS, JILLIAN
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: CFO
Name: STANDIFIRD, JASON
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: TREASURER
Name: RUTHERFORD, KRISTY
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title: VP
Name: MORRIS, ERIN
Address: 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

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: CRAIG WILSON

SECRETARY

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date