

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088906

Entity Name: LAKE CITY SURGERY CENTER, LLC

Current Principal Place of Business:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055

Current Mailing Address:

404 NW HALL OF FAME DRIVE
LAKE CITY, FL 32055 US

FEI Number: 26-0811545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THANAWALA, RIZWANA
4367 NW AMERICAN LANE
LAKE CITY, FL 32055 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 MGRM
Name AMERE, LLC
Address 4367 NW AMERICAN LANE
City-State-Zip: LAKE CITY FL 32055

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: RIZWANA THANAWALA

MEDICAL DIRECTOR

03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date