

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056519

**Entity Name:** PARRISH SURGERY CENTER, LLC

**Current Principal Place of Business:**

951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796

**Current Mailing Address:**

951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

**FEI Number:** 27-0357583

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCALPINE, CHRISTOPHER  
951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796 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            SVP  
Name            MCALPINE, CHRISTOPHER  
Address        951 N. WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32796

*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:** CHRISTOPHER MCALPINE

SVP

04/16/2024

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

\_\_\_\_\_ Date