

2018 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

REGISTERED AGENT

01/15/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date