

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037796

**Entity Name:** DESTIN SURGERY CENTER, LLC**Current Principal Place of Business:**1225 AIRPORT ROAD  
DESTIN, FL 32541**Current Mailing Address:**14201 DALLAS PARKWAY  
DALLAS, TX 75254 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MANAGING MEMBER
Name	USP DESTIN, INC.
Address	14201 DALLAS PARKWAY
City-State-Zip:	DALLAS TX 75254

Title	PRESIDENT
Name	BRODNAX, BRETT
Address	14201 DALLAS PARKWAY
City-State-Zip:	DALLAS TX 75254

Title	SECRETARY
Name	JAMES, BOWDEN
Address	14201 DALLAS PARKWAY
City-State-Zip:	DALLAS TX 75254

Title	VP
Name	LAMAISTRE, COLLIN
Address	14201 DALLAS PARKWAY
City-State-Zip:	DALLAS TX 75254

*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:** KAREN SIMS**AUTHORIZED AGENT****04/26/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date