

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037796

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

**Current Principal Place of Business:**

4485 FURLING LANE  
DESTIN, FL 32541

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC5483593404**

**Current Mailing Address:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001

**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	Title	ASST SECRETARY
Name	USP DESTIN, INC.	Name	MORAN, JEN
Address	15305 DALLAS PARKWAY SUITE 1600	Address	15305 DALLAS PARKWAY SUITE 1600
City-State-Zip:	ADDISON TX 75001	City-State-Zip:	ADDISON TX 75001

*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: JEN MORAN**

**ASST SEC**

**03/18/2015**

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

\_\_\_\_\_  
Date