

2023 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 BATTISTE, WESLEY
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

Title AUTHORIZED REPRESENTATIVE
Name SIMS, KAREN
Address 14201 DALLAS PKWY
 FL 13
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
REPRESENTATIVE****04/22/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date