# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000110950

Entity Name: SFM SURGERY II, LLC

### **Current Principal Place of Business:**

2270 COLONIAL BOULEVARD FORT MYERS, FL 33907

## **Current Mailing Address:**

2270 COLONIAL BOULEVARD FORT MYERS, FL 33907 US

# FEI Number: 27-3830872

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

## Authorized Person(s) Detail :

TitleMEMBERNameSOUTH FLORIDA MEDICINE, LLCAddress2270 COLONIAL BOULEVARDCity-State-Zip:FORT MYERS FL 33907

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: SOUTH FLORIDA MEDICINE, LLC

MEMBER

04/21/2015 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 21, 2015 Secretary of State CC3436655726

Certificate of Status Desired: No

Date