

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118392

Entity Name: SURGERY FINANCING PARTNERS, LLC

Current Principal Place of Business:

170 NE 2ND STREET
592
BOCA RATON, FL 33432

Current Mailing Address:

170 NE 2ND STREET
592
BOCA RATON, FL 33432 US

FEI Number: 90-0630194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SENS, MITCHELL H
8751 W. BROWARD BLVD, SUITE 410
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 MGRM
Name SORRENTINO, CLAUDIO
Address 170 NE 2ND STREET
592
City-State-Zip: BOCA RATON FL 33432

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: CLAUDIO SORRENTINO

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date