**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 01, 2015**
**Secretary of State**
**CC8252153493**

DOCUMENT# L11000141510

**Entity Name:** SUNSHINE STATE SURGICENTER ASSOCIATES, LLC

**Current Principal Place of Business:**

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972

**Current Mailing Address:**

1655 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

**FEI Number: 45-5022796**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LANZA, JOHN MD
1916 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 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 | MGR | Title | MGR |
| Name | LANZA, JOHN MD | Name | SLUTSKY, BRADFORD MD |
| Address | 1916 HIGHWAY 441 NORTH | Address | 1920 HIGHWAY 441 NORTH |
| City-State-Zip: | OKEECHOBEE FL 34972 | City-State-Zip: | OKEECHOBEE FL 34972 |

| | |
|---|---|
| Title | MGR |
| Name | ESPIRITU, MIGUEL MD |
| Address | 304 NE 19TH DRIVE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

*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: JOHN LANZA MEMBER 03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date