

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000113796

Entity Name: SFM SURGERY XV, LLC

Current Principal Place of Business:

3319 STATE RD 7
302
WELLINGTON, FL 33449

Current Mailing Address:

3319 STATE RD 7
302
WELLINGTON, FL 33449

FEI Number: 47-1574733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA MEDICINE, LLC
3319 STATE RD 7
302
WELLINGTON, FL 33449 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 DIRECTOR
Name SOUTH FLORIDA MEDICINE
Address 3319 STATE RD 7
 302
City-State-Zip: WELLINGTON FL 33449

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: RAVI PATEL

MANAGING DIRECTOR

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date