

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000137834

**Entity Name:** RIVERVIEW SURGERY CENTER OF MELBOURNE, LLC

**Current Principal Place of Business:**

1513 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901

**Current Mailing Address:**

1513 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901

**FEI Number: 81-3441650**

**Certificate of Status Desired: No**

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

DIAZ, MICHAEL  
1513 SOUTH HARBOR CITY BLVD  
MELBOURNE, FL 32901 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  
Name DIAZ, MICHAEL  
Address 1513 SOUTH HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32901

*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: MICHAEL DIAZ**

**PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date