

2017 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

01/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date