

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000157083

**Entity Name:** SURGICAL MANAGEMENT OF FLORIDA LLC

**Current Principal Place of Business:**

652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

YEAGER, ROBIN  
652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32714 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 STRATEGIC SURGICAL  
MANAGEMENT, LLC  
Address 2711 CENTERVILLE ROAD  
STE 400  
City-State-Zip: WILMINGTON DE 19808

*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:** ROBIN YEAGER

**AGENT**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date