2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

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

KNOWLES, ELAINE 652 PALM SPRINGS DRIVE ALTAMONTE SPRINGS, FL 32701 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: ELAINE KNOWLES

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title MGR STRATEGIC SURGICAL Name MANAGEMENT. LLC 2711 CENTERVILLE ROAD Address **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: MICHAEL TRICOLI

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 08, 2020 Secretary of State 8759683589CC

Certificate of Status Desired: No

06/08/2020 Date

06/08/2020 Date

COUNSEL