

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000167218

**Entity Name:** SURGICAL CENTER OF CENTRAL FLORIDA, LLC**Current Principal Place of Business:**3221 SOUTH FLORIDA AVENUE  
SUITE A  
LAKELAND, FL 33803**Current Mailing Address:**2125 CRYSTAL GROVE DRIVE  
LAKELAND, FL 33801 US**FEI Number:** 81-3844371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRICKS, BRET D  
2125 CRYSTAL GROVE DRIVE  
LAKELAND, FL 33801 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:** BRET D HENRICKS

04/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RISVASC HLD, LLC  
Address 2125 CRYSTAL GROVE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT  
Name HENRICKS, BRET D  
Address 2125 CRYSTAL GROVE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title VP  
Name ELMASRI, FAKHIR F  
Address 2125 CRYSTAL GROVE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title SECRETARY  
Name GRONKIEWICZ, JEFFREY  
Address 2125 CRYSTAL GROVE DRIVE  
City-State-Zip: LAKELAND FL 33801

Title TREASURER  
Name LIMA, MARTHA  
Address 2125 CRYSTAL GROVE DRIVE  
City-State-Zip: LAKELAND FL 33801

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:** BRET D HENRICKS

PRESIDENT

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date