

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000130190

**Entity Name:** MIRAMAR OUTPATIENT SURGICAL CENTER, LLC

**Current Principal Place of Business:**

3109 STIRLING ROAD  
SUITE 201  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

3109 STIRLING ROAD  
SUITE 201  
FT. LAUDERDALE, FL 33312

**FEI Number:** 38-4113032

**Certificate of Status Desired:** No

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

EVANS, DAVID L  
225 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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                   MGM  
Name                  SALLWASSER, PAUL  
Address               3109 STIRLING ROAD, SUITE 201  
City-State-Zip:      FT. LAUDERDALE FL 33312

*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:** PAUL SALLWASSER

**MGM**

**04/11/2019**

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

\_\_\_\_\_  
Date