

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000260843

FILED
May 01, 2019
Secretary of State
5621503128CC

Entity Name: ADVENTHEALTH SURGERY CENTERS CENTRAL FLORIDA, LLC

Current Principal Place of Business:

15305 DALLAS PARKWAY
SUITE 1600
ADDISON, TX 75001

Current Mailing Address:

15305 DALLAS PARKWAY
SUITE 1600
ADDISON, TX 75001 US

FEI Number: 37-1915547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name USP ORLANDO, INC.
Address 15305 DALLAS PARKWAY, SUITE 1600

City-State-Zip: ADDISON TX 75001

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: WENDY BEARD

AUTHORIZED AGENT

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date