

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000168544

Entity Name: ST. AUGUSTINE ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

40 GROOVER LOOP
SUITE 100
ST AUGUSTINE, FL 32086

Current Mailing Address:

14201 DALLAS PARKWAY
DALLAS, TX 75254 US

FEI Number: 59-2947745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
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 ST. AUGUSTINE ASC HOLDCO I LLC
Address 212 SOUTHPARK CIR EAST
City-State-Zip: ST AUGUSTINE FL 32086

Title AMBR
Name USP ORLANDO, INC.
Address 14201 DALLAS PARKWAY
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED REPRESENTATIVE
Name SIMS, KAREN
Address 14201 DALLAS PKWY
FL 13
City-State-Zip: DALLAS TX 75254

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: KAREN SIMS

**AUTHORIZED
REPRESENTATIVE**

05/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date