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: JAMES BOWDEN

Electronic Signature of Signing Authorized Person(s) Detail

212 SOUTHPARK CIR EAST ST AUGUSTINE, FL 32086

Current Principal Place of Business:

Current Mailing Address:

14201 DALLAS PARKWAY DALLAS, TX 75254 US

FEI Number: 59-2947745

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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	ST. AUGUSTINE ASC HOLDCO I LLC	Name	USP ORLANDO, INC.
Address	212 SOUTHPARK CIR EAST	Address	14201 DALLAS PARKWAY
City-State-Zip:	ST AUGUSTINE FL 32086	City-State-Zip:	DALLAS TX 75254

OFFICER OF MEMBER 08/05/2020

DOCUMENT# L19000168544 Entity Name: ST. AUGUSTINE ENDOSCOPY CENTER, LLC FILED Aug 05, 2020 Secretary of State 4960136736CC

Certificate of Status Desired: No

Date

Date