

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000015651

Entity Name: POINT MEADOWS SURGERY CENTER, LLC

Current Principal Place of Business:

8262 POINT MEADOWS
JACKSONVILLE, FL 32256

Current Mailing Address:

2700 RIVERSIDE AVENUE
SUITE 3
JACKSONVILLE, FL 32205 US

FEI Number: 84-4480100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIDGET, ROBERTS CHIEF EXECUTIVE OFFICER
2700 RIVERSIDE AVENUE
SUITE 3
JACKSONVILLE, FL 32205 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: BRIDGET ROBERTS

04/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	POWELL, KENNETH A
Address	275 N ROSCOE BLVD
City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	AUTHORIZED MEMBER
Name	PHYSICIANS GROUP SERVICES PA
Address	2700 RIVERSIDE AVENUE SUITE 3
City-State-Zip:	JACKSONVILLE FL 32205

Title	CEO
Name	ROBERTS, BRIDGET CEO
Address	2700 RIVERSIDE AVENUE SUITE 3
City-State-Zip:	JACKSONVILLE FL 32205

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: BRIDGET ROBERTS

MANAGER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date