

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000232479

Entity Name: EAST CYPRESS SURGICAL SUITES LLC**Current Principal Place of Business:**800 E CYPRESS CREEK RD
203
FT. LAUDERDALE, FL 33334**Current Mailing Address:**COASTAL HEALTH GROUP
3535 MILITARY TRAIL, STE 200
JUPITER, FL 33458 US**FEI Number:** 85-2301278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUPPINGER, JORDAN G
3535 MILITARY TR
200
JUPITER, FL 33458 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 MGR
Name KUPPINGER, JORDAN G
Address 3535 MILITARY TR, STE 200
City-State-Zip: JUPITER FL 33458Title MBR
Name ROBERTSON, CHEIKH
Address 3535 MILITARY TR STE 200
City-State-Zip: JUPITER FL 33458Title MBR
Name MOLLOY, GERALD W
Address 3535 MILITARY TR, STE 200
City-State-Zip: JUPITER FL 33458Title MBR
Name MCCLELLAN, JONN
Address 3535 MILITARY TR, STE 200
City-State-Zip: JUPITER FL 33458Title MBR
Name CUTLER, MICHAEL
Address 3535 MILITARY TR, STE 200
City-State-Zip: JUPITER FL 33458

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: JONN MCCLELLAN**MEMBER****02/04/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date