

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000259190

Entity Name: SURGERY CENTER OF FLORIDA LLC

Current Principal Place of Business:

27814 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33544

Current Mailing Address:

27814 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33544 US

FEI Number: 86-3446685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BHALANI, MAULIK
27180 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33544 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	Title	MANAGER
Name	FPM ASC LLC	Name	VHM SCF, LLC
Address	1911 HAVEN BND	Address	CORPORATION TRUST CENTER 1209 ORANGE S
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	WILMINGTON DE

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: MAULIK BHALANI

REGISTERED AGENT

02/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date