

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000279233

**Entity Name:** PEACE RIVER SURGERY CENTER, LLC

**Current Principal Place of Business:**

4130 TAMIAMI TRAIL, UNIT 301  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 701  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 85-3047089

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOTCHKISS, DAVID  
4161 TAMIAMI TRAIL  
SUITE 701  
PORT CHARLOTTE, FL 33952 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 HOTCHKISS, DAVID  
Address 4161 TAMIAMI TRAIL, SUITE 701  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name NICOLAI, MEJEVOI  
Address 4161 TAMIAMI TRAIL, SUITE 701  
City-State-Zip: PORT CHARLOTTE FL 33952

Title AP  
Name FAULKNER, ADRIENNE  
Address 4161 TAMIAMI TRAIL, SUITE 701  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** DAVID A HOTCHKISS

**PRESIDENT**

**01/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date