

2023 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 OWNER/MGR
Name HOTCHKISS, DAVID
Address 4130 TAMIAMI TRAIL, UNIT 301
City-State-Zip: PORT CHARLOTTE FL 33952

Title OWNER/MGR
Name NICOLAI, MEJEVOI
Address 4130 TAMIAMI TRAIL, UNIT 301
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

Title OWNER/MANAGER
Name STRATTAN, MELODY
Address 4130 TAMIAMI TRAIL, UNIT 301
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: ADRIENNE FAULKNER

PRACTICE MANAGER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date