

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000093022

Entity Name: CITY SURGERY CENTER OF HALLANDALE LLC

Current Principal Place of Business:

20900 NE 30TH AVENUE
SUITE 715
AVENTURA, FL 33180, FL 33180

Current Mailing Address:

20900 NE 30TH AVENUE
SUITE 715
AVENTURA, FL 33180, FL 33180 UN

FEI Number: 86-2458550

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAKED LAW FIRM, P.A.
20900 NE 30TH AVENUE
SUITE 715
AVENTURA, FL 33180, FL 33180 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 SHAKED, SAGI
Address 20900 NE 30TH AVENUE
City-State-Zip: AVENTURA, FL 33180 FL 33180

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: SAGI SHAKED

P

01/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date