

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000273737

**Entity Name:** TGH SURGERY CENTER AT MORSANI, LLC

**Current Principal Place of Business:**

13330 USF LAUREL DRIVE  
MDH 2ND FLOOR  
TAMPA, FL 33601

**Current Mailing Address:**

13330 USF LAUREL DRIVE  
MDH 2ND FLOOR  
TAMPA, FL 33612 US

**FEI Number:** 87-1193981

**Certificate of Status Desired:** No

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DR STE 400  
TAMPA, FL 33602 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            PRESIDENT, DIRECTOR  
Name            SMITH, ADAM  
Address        PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

Title            VP, SECRETARY, DIRECTOR  
Name            DAWKINS, MARION  
Address        PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

Title            TREASURER, DIRECTOR  
Name            LOKENAUTH, LIJAH  
Address        PO BOX 1289  
City-State-Zip: TAMPA FL 33601-1289

Title            DIRECTOR  
Name            DUBAULT, RENEE  
Address        13330 USF LAUREL DRIVE  
MDH 2ND FLOOR  
City-State-Zip: TAMPA FL 33612

Title            DIRECTOR  
Name            TAUNK, PUSHPAK MD  
Address        13330 USF LAUREL DRIVE  
MDH 2ND FLOOR  
City-State-Zip: TAMPA FL 33612

Title            MEDICAL DIRECTOR  
Name            JARSTAD, JOHN MD  
Address        13330 USF LAUREL DRIVE  
MDH 2ND FLOOR  
City-State-Zip: TAMPA FL 33612

*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:** LIJAH LOKENAUTH

**TREASURER**

**05/01/2024**

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

\_\_\_\_\_  
Date