

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000533260

**Entity Name:** BAPTIST BEACHES SURGERY CENTER LLC

**Current Principal Place of Business:**

1577 ROBERTS DR.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1577 ROBERTS DR.  
JACKSONVILLE BEACH, FL 32250

**FEI Number: 88-4322867**

**Certificate of Status Desired: No**

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

TICKELL, KEITH  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 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 AUTHORIZED MEMBER  
Name BAPTIST-COMPASS SURGICAL VENTURES, LLC  
Address 9131 ANSON WAY SUITE 304  
City-State-Zip: RALEIGH NC 27615

Title AUTHORIZED MEMBER  
Name PAVILION HEALTH SERVICES, INC.  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

*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: KEITH TICKELL**

**REGISTERED AGENT**

**04/08/2024**

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

\_\_\_\_\_  
Date