

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000110063

Entity Name: SUNSET LAKE SURGERY CENTER, LLC

Current Principal Place of Business:

842 SUNSET LAKE BLVD STE 301
VENICE, FL 34292

Current Mailing Address:

842 SUNSET LAKE BLVD STE 301
VENICE, FL 34292 US

FEI Number: 92-2848705

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
2 N TAMIAMI TRAIL STE 400
SARASOTA, FL 34236 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 JOB, LINDSEY M.D.
Address 333 S. TAMIAMI TRAIL STE 101
City-State-Zip: VENICE FL 34285

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: LINDSEY JOB

PRACTICE MANAGER

02/05/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date