

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004554

**Entity Name:** SURGERY CENTER OF VOLUSIA, LLC

**Current Principal Place of Business:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BLVD,  
NASHVILLE, TN 37215 US

**FEI Number:** 59-3754620

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 PERSON  
Name GRANT, JOHN  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name HALE, ALAN  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name TARBLE, BEN  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name REHO, CAROLANNE  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name AGNONE MD, LOU  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name CLANCY MD, TAMARA  
Address 1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

*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:** JOHN GRANT

**AUTHORIZED PERSON**

**04/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date