

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001538

Entity Name: THE MOUNT DORA OPHTHALMOLOGY ASC, LLC

Current Principal Place of Business:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215 US

FEI Number: 62-1795778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

FILED
Apr 24, 2023
Secretary of State
1518699175CC

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 DIRECTOR
Name BLAIR, ALEX
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title DIRECTOR
Name ALBRECHT, ERIC
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title SECRETARY
Name MOORE, ILENE
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title TREASURER
Name CHARPENTIER, JASON
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title PRESIDENT
Name SNODGRASS, JEFF
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title DIRECTOR
Name BAUMANN, MD, JEFF
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title DIRECTOR
Name CHARLES, MD, KEITH
Address 1A BURTON HILLS BOULEVARD
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: ILENE MOORE

SECRETARY

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date