

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A24240

Entity Name: SURGICAL PARK CENTER, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

FEI Number: 59-2827368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

General Partner Detail :

Document # S71240
Name COLUMBIA HOSPITAL CORP. OF
SOUTH MIAMI
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE

**VP OF GENERAL
PARTNER**

04/25/2023

_____ Electronic Signature of Signing General Partner Detail

_____ Date