

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000066425

**Entity Name:** CITY SURGERY CENTER INC

**Current Principal Place of Business:**

201 NORTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**Current Mailing Address:**

20900 NE 30TH AVENUE  
SUITE 715  
AVENTURA, FL 33180 UN

**FEI Number:** 85-2374598

**Certificate of Status Desired:** No

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

SHAKED LAW FIRM, P.A.  
20900 NE 30TH AVENUE  
SUITE 715  
AVENTURA, FL 33180 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

**Officer/Director Detail :**

Title P  
Name SHAKED, SAGI  
Address 20900 NE 30TH AVE STE 715  
City-State-Zip: AVENTURA FL 33180

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAGI SHAKED

P

01/23/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date