

2021 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

02/14/2021

Electronic Signature of Signing Officer/Director Detail

Date