

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31434

Entity Name: SURGERY CENTER OF BOCA RATON, INC.**Current Principal Place of Business:**569 BROOKWOOD VILLAGE
SUITE 901
BIRMINGHAM, AL 80237**Current Mailing Address:**569 BROOKWOOD VILLAGE
SUITE 901
BIRMINGHAM, AL 80237 US**FEI Number:** 62-1509341**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
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

Officer/Director Detail :

Title	TREASURER/CFO
Name	MARK, LADD W.
Address	569 BROOKWOOD VILLAGE SUITE 901
City-State-Zip:	BIRMINGHAM AL 80237

Title	PRESIDENT/CEO
Name	DEWEERDT, TOM W. F.
Address	569 BROOKWOOD VILLAGE SUITE 901
City-State-Zip:	BIRMINGHAM AL 80237

Title	CHAIRMAN OF THE BOARD
Name	HARBOR, LEA
Address	569 BROOKWOOD VILLAGE SUITE 901
City-State-Zip:	BIRMINGHAM AL 80237

Title	SECRETARY
Name	PRINCE, PHILLIP
Address	569 BROOKWOOD VILLAGE SUITE 901
City-State-Zip:	BIRMINGHAM AL 80237

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: PHILLIP PRINCE**SECRETARY****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date