

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V02736

**Entity Name:** SURGICARE OF KISSIMMEE, INC.

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**Current Mailing Address:**

P.O. BOX 750  
NASHVILLE, TN 37202 US

**FEI Number: 75-2407305**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH 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            VPS  
Name            CLINE, NATALIE H  
Address        ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title            SVPT  
Name            MORROW, J. WILLIAM B.  
Address        ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title            DVPA  
Name            FRANCK, JOHN M II  
Address        ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title            DP  
Name            BEASLEY, GREG  
Address        13355 NOEL ROAD, STE. 1200  
City-State-Zip: DALLAS TX 75240

Title            VP  
Name            GRUBBS, RONALD L JR.  
Address        ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title            DSVP  
Name            MOORE, A. BRUCE JR.  
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 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: NATALIE H. CLINE**

**VPS**

**05/07/2020**

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

\_\_\_\_\_  
Date