

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000006150

**Entity Name:** PROMENADES SURGERY CENTER LLC

**Current Principal Place of Business:**

3222 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3222 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**FEI Number:** 65-1100572

**Certificate of Status Desired:** No

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

HACKETT, JACK O II  
FARR LAW FIRM  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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:** JACK O. HACKETT II

03/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAROUDI, ISSA F  
Address 2 TROPICANA DR  
City-State-Zip: PUNTA GORDA FL 33950

Title ADMINISTRATOR/MANAGING  
EMPLOYEE/CFO  
Name BAROUDI, LINA  
Address 2 TROPICANA DRIVE  
City-State-Zip: PUNTA GORDA FL 33950

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ISSA F. BAROUDI

MANAGER

03/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date