

2019 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

04/19/2019

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: LINA BAROUDI

ADMINISTRATOR

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date