

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016588

Entity Name: TRINITY SURGERY CENTER, LLC**Current Principal Place of Business:**2020 TRINITY OAKS BLVD.
TRINITY, FL 34655**Current Mailing Address:**C/O DONNA ST LOUIS
8452 118TH AVE N
LARGO, FL 33773 US**FEI Number:** 02-0656933**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAYCARE HEALTH SYSTEM, INC.
2985 DREW ST
ATTN: LEGAL SERVICES DEPT
CLEARWATER, FL 33759 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

Authorized Person(s) Detail :

Title DIRECTOR
Name GHANEKAR, DILIP DR.
Address 8452 118TH AVE., N
City-State-Zip: LARGO FL 33773

Title TREASURER
Name TREMONTI, CARL
Address 3503 E. FRONTAGE ROAD
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name HALE, BRIAN DR.
Address 35095 US 19 N SUITE 202
City-State-Zip: NEW PORT RICHEY FL 34684

Title SECRETARY
Name TARBLE, BEN
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name CHOI, SANG DR.
Address 8452 118TH AVE N
City-State-Zip: LARGO FL 33773

Title PRESIDENT
Name JONES, TODD
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

Title VP
Name GRANT, JOHN
Address 3890 TAMPA ROAD
City-State-Zip: PALM HARBOR FL 34684

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: TODD C. JONES

PRESIDENT

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date