2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2023
Secretary of State
5186505048CC

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Entity Name: TRINITY SURGERY CENTER, LLC

Current Principal Place of Business:

2020 TRINITY OAKS BLVD.
TRINITY, FL 34655

Current Mailing Address:

2020 TRINITY OAKS BLVD.
TRINITY, FL 34655 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: JENNIFER L TOUSE 03/27/2023

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

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

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

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

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

Title	PRESIDENT
Name	JONES, TODD
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 JONES PRESIDENT 03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date