

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016588

Entity Name: TRINITY SURGERY CENTER, LLC**Current Principal Place of Business:**2102 TRINITY OAKS BLVD.
NEW PORT RICHEY, 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:**KENNEDY, JAMES III
CARLTON FIELDS ATTORNEYS AT LAW
4221 W BOY SCOUT BLVD
TAMPA, FL 33607 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 MGRM
Name BURDEN, NANCY MGRM
Address 8452 118TH AVE., N
City-State-Zip: LARGO FL 33773

Title P
Name ST LOUIS, DONNA
Address 8452 118TH AVE., N
City-State-Zip: LARGO FL 33773

Title T
Name RIBBLE, THOMAS
Address 8452 118TH AVE., N
City-State-Zip: LARGO FL 33773

Title MGRM
Name LACAMERA, RICHARD MD
Address 33920 US HWY 19 N STE 124
City-State-Zip: PALM HARBOR FL 34684

Title MGRM
Name RIVERA, JUAN DPM
Address 6331 STATE RD 54
City-State-Zip: NEW PORT RICHEY FL 34653

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

Title CFO
Name GULMI, CLAIRE
Address 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

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: CLAIRE GULMI

CFO

02/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date