

2020 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
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 TREASURER
Name TREMONTI, CARL
Address 3503 E. FRONTAGE ROAD
City-State-Zip: TAMPA FL 33607

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 DIRECTOR
Name LONGNECKER, BRENT
Address 8452 118TH AVE N
City-State-Zip: LARGO FL 33773

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

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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****03/05/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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