2015 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:

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

FILED Jan 13, 2015

Secretary of State

CC1603737391

Authorized Person(s) Detail:

Title MGRM Title

 Name
 BURDEN, NANCY MGRM
 Name
 ST LOUIS, DONNA

 Address
 8452 118TH AVE., N
 Address
 8452 118TH AVE., N

 City-State-Zip:
 LARGO FL 33773
 City-State-Zip: LARGO FL 33773

Title T Title MGRM

NameRIBBLE, THOMASNameLACAMERA, RICHARD MDAddress8452 118TH AVE., NAddress33920 US HWY 19 N STE 124City-State-Zip:LARGO FL 33773City-State-Zip:PALM HARBOR FL 34684

Title MGRM Title MGRM

Name RIVERA, JUAN DPM Name HALE, BRIAN MD

Address 6331 STATE RD 54 Address 35095 US 19 N SUITE 202

City-State-Zip: NEW PORT RICHEY FL 34653 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 01/13/2015