

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024275

**Entity Name:** THE SURGERY & ENDOSCOPY CENTER, LLC

**Current Principal Place of Business:**

3201 PHYSICIANS WAY  
SEBRING, FL 33870

**Current Mailing Address:**

3201 PHYSICIANS WAY  
SEBRING, FL 33870 US

**FEI Number:** 04-3747286

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KING, CINDY  
3201 PHYSICIANS WAY  
SEBRING, FL 33870 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 MGR  
Name PATEL, PANKAJKUMAR  
Address 3201 PHYSICIANS WAY  
City-State-Zip: SEBRING FL 33870

*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:** PANKAJKUMAR PATEL

MGR

01/06/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date