## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024538

Entity Name: MILLENIA SURGERY CENTER, L.L.C.

intity name: MILLENIA SURGERY CENTER, L.L.

## **Current Principal Place of Business:**

4901 SOUTH VINELAND RD, STE 150 ORLANDO. FL 32811

## **Current Mailing Address:**

340 SEVEN SPRINGS WAY SUITE 600 BRENTWOOD. TN 37027 US

FEI Number: 56-2384725 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 MANAGER, VP, SECRETARY Title VP

Name BALDOCK, JENNIFER Name O'BRIEN, JEFF

Address 340 SEVEN SPRINGS WAY Address 340 SEVEN SPRINGS WAY

SUITE 600 SUITE 600

City-State-Zip: BRENTWOOD TN 37027 City-State-Zip: BRENTWOOD TN 37027

Title VP Title VP

Name DOHERTY, DAVE Name KENNEDY, BRETT

Address 340 SEVEN SPRINGS WAY Address 340 SEVEN SPRINGS WAY

SUITE 600 SUITE 600

City-State-Zip: BRENTWOOD TN 37027 City-State-Zip: BRENTWOOD TN 37027

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: JENNIFER BALDOCK

**MANAGER** 

02/25/2025

FILED Feb 25, 2025

**Secretary of State** 

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