

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000050625

**Entity Name:** WEST PARK SURGERY CENTER, L.L.C.

**Current Principal Place of Business:**

4730 N HABANA AVENUE STE 204  
TAMPA, FL 33614

**Current Mailing Address:**

4730 N HABANA AVENUE STE 204  
TAMPA, FL 33614 US

**FEI Number:** 26-0092101

**Certificate of Status Desired:** No

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

KOCHE, DAVID L  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 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:** DAVID L. KOCHE

09/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WOOD, DAVID A  
Address        4730 N HABANA AVENUE STE 204  
City-State-Zip: TAMPA FL 33614

*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:** DAVID A. WOOD

MANAGER

09/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date