

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050625

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

Current Principal Place of Business:

550 N. REO STREET STE 100
TAMPA, FL 33609

Current Mailing Address:

550 N. REO STREET STE 100
TAMPA, FL 33609 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

04/20/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name WOOD, DAVID A
Address 550 N. REO STREET STE 100
City-State-Zip: TAMPA FL 33609

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

04/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date