

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050625

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

**Current Principal Place of Business:**

6640 78TH AVENUE NORTH  
SUITE B  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

501 N. REO STREET  
TAMPA, FL 33609 US

**FEI Number:** 26-0092101

**Certificate of Status Desired:** No

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

WOOD, DAVID  
501 N. REO STREET  
TAMPA, FL 33609 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 WOOD

02/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	CAO
Name	HELMS, JOSH	Name	GARI, TRACIE
Address	501 N. REO STREET	Address	501 N. REO STREET
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	P		
Name	WOOD, DAVID A		
Address	501 N. REO STREET		
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:** JOSH HELMS

CEO

02/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date