

**2016 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  
STE B  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

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

**FEI Number:** 26-0092101

**Certificate of Status Desired:** No

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

FRIEDMAN, CHARLES K  
6640 78TH AVE N  
STE B  
PINELLAS PARK, FL 33781 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 FRIEDMAN, CHARLES K  
Address P.O. BOX 7048  
City-State-Zip: SEMINOLE FL 33775

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:** CHARLES K FRIEDMAN

**OWNER**

**03/02/2016**

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

\_\_\_\_\_  
Date