

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050625

Entity Name: WEST PARK SURGERY CENTER, L.L.C.**Current Principal Place of Business:**504 N. REO STREET
TAMPA, FL 33609**Current Mailing Address:**504 N. REO STREET
TAMPA, FL 33609 US**FEI Number:** 26-0092101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAJAN-WILSON, REKHA
504 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:** REKHA RAJAN-WILSON

06/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	WOOD, DAVID A
Address	504 N. REO STREET
City-State-Zip:	TAMPA FL 33609

Title	COO
Name	HELMS, JOSH
Address	504 N. REO STREET
City-State-Zip:	TAMPA FL 33609

Title	VP FINANCE
Name	PRIOLO, MARY
Address	504 N. REO STREET
City-State-Zip:	TAMPA FL 33609

Title	CAO
Name	LAWSON, TRACIE
Address	504 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: MARY PRIOLO

VP FINANCE

06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date