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	03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

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			03/14/2023		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	CEO	Title	CAO			
Name	HELMS, JOSH	Name	GARI, TRACIE			
Address	504 N. REO STREET	Address	504 N. REO STREET			
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609			

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Current Principal Place of Business:

6640 - 78TH AVENUE N, SUITE B PINELLAS PARK, FL 33781

Current Mailing Address:

DOCUMENT# L04000050625

504 N. REO STREET TAMPA, FL 33609 US

FEI Number: 26-0092101

Name and Address of Current Registered Agent:

WOOD, DAVID 504 N. REO STREET TAMPA, FL 33609 US Certificate of Status Desired: No

Date