

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068453

Entity Name: THE SURGERY CENTER OF JACKSONVILLE, LLC**Current Principal Place of Business:**10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256**Current Mailing Address:**10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 US**FEI Number:** 32-0209201**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MADDERN, BRUCE R
10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256 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	P
Name	MADDERN, BRUCE R
Address	10475 CENTURION PARKWAY NORTH, SUITE 302
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGR
Name	DESHMUKH, RAHUL
Address	10475 CENTURION PARKWAY NORTH, SUITE 220
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	GLOERSEN, PETER
Address	10475 CENTURION PARKWAY NORTH, SUITE 101
City-State-Zip:	JACKSONVILLE FL 32256

Title	SECRETARY
Name	VINCENTY, CLAUDIO E
Address	10475 CENTURION PARKWAY NORTH, SUITE 201
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	MURPHY, KEVIN P DR.
Address	10475 CENTURION PARKWAY NORTH, SUITE 201
City-State-Zip:	JACKSONVILLE FL 32256

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: BRUCE MADDERN**PRESIDENT****01/31/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date