

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044741

**Entity Name:** FLEMING ISLAND SURGERY CENTER, LLC**Current Principal Place of Business:**1670-B EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003**Current Mailing Address:**1670-B EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003**FEI Number:** 20-2874196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWERS, D.O., R. ROLAND  
1670-B EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32003 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:** R. ROLAND POWERS, D.O.

02/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MADHOK, DINESH MD  
Address 1670-B EAGLE HARBOR PARKWAY  
City-State-Zip: ORANGE PARK FL 32003

Title MGR, PRESIDENT  
Name POWERS, R. ROLAND DO  
Address 1670-B EAGLE HARBOR PARKWAY  
City-State-Zip: ORANGE PARK FL 32003

Title MGR  
Name SHAH, ARJAV  
Address 1670-B EAGLE HARBOR PARKWAY  
City-State-Zip: ORANGE PARK FL 32003

Title MGR  
Name DONOVAN, JOHN MD  
Address 1670-B EAGLE HARBOR PARKWAY  
City-State-Zip: ORANGE PARK FL 32003

Title MGR  
Name MOSBORG, M.D., DAVID  
Address 1670-B EAGLE HARBOR PARKWAY  
City-State-Zip: ORANGE PARK FL 32003

*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:** DINESH MADHOK

MD

02/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date