

2025 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:**SHAH, M.D., ARJAV T.
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:** ARJAV T. SHAH, M.D.

02/03/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DOWNER, M.D., DONALD M
Address 1670-B EAGLE HARBOR PARKWAY
City-State-Zip: ORANGE PARK FL 32003

Title PRESIDENT, MANAGER
Name SHAH, M.D., ARJAV T.
Address 1670-B EAGLE HARBOR PARKWAY
City-State-Zip: ORANGE PARK FL 32003

Title MANAGER
Name PECORARO, M.D., RUSSELL A.
Address 1670-B EAGLE HARBOR PARKWAY
City-State-Zip: ORANGE PARK FL 32003

Title MANAGER
Name LEVINE, LAWRENCE M.
Address 1670-B EAGLE HARBOR PARKWAY
City-State-Zip: ORANGE PARK FL 32003

Title MANAGER
Name WALLACE, M.D., WILLIAM A.
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: SHAH, M.D. , ARJAV , T.

MGR

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date