

**2014 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, ROBERT RJR  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	PMGR
Name	POWERS, ROBERT RJR
Address	1670-B EAGLE HARBOR PARKWAY
City-State-Zip:	ORANGE PARK FL 32003

Title	MGVP
Name	STANKARD, CHARLES EMD
Address	1670-B EAGLE HARBOR PARKWAY
City-State-Zip:	ORANGE PARK FL 32003

Title	MGRM
Name	GILLIGAN, MICHAEL S
Address	1670-B EAGLE HARBOR PARKWAY
City-State-Zip:	ORANGE PARK FL 32003

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

Title	MGRM
Name	WEISS , ERIC
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:** ROBERT R. POWERS, JR.**PRESIDENT****04/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date