

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071315

**Entity Name:** GARROVILLO SURGICAL CARE, LLC

**Current Principal Place of Business:**

101 PARK PLACE BLVD  
SUITE C  
DAVENPORT, FL 33837

**Current Mailing Address:**

101 PARK PLACE BLVD  
SUITE C  
DAVENPORT, FL 33837 US

**FEI Number:** 20-3200539

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARROVILLO, MEL FRANCIS  
101 PARK PLACE BLVD  
SUITE C  
DAVENPORT, FL 33837 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 MGR  
Name GARROVILLO, MEL FRANCIS  
Address 101 PARK PLACE BLVD  
SUITE C  
City-State-Zip: DAVENPORT FL 33837

*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:** MEL FRANCIS O. GARROVILLO

**MANAGER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date