2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019305

Entity Name: BARDMOOR SURGERY CENTER, LLC

Current Principal Place of Business:

8787 BRYAN DAIRY ROAD

SUITE 300

LARGO, FL 33777

Current Mailing Address:

3890 TAMPA ROAD

PALM HARBOR, FL 34684 US

FEI Number: 20-4385452 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC. ATTN: LEGAL SERVICES DEPT 2985 DREW ST CLEARWATER, FL 33759 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: JENNIFER L TOUSE 01/05/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title PRESIDENT Title V

NameJONES, TODDNameALBRECHT, ERICAddress3890 TAMPA ROADAddress3890 TAMPA ROAD

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

TitleTREASURERTitleSECRETARYNameTREMONTI, CARLNameSMITH, LAURAAddress3890 TAMPA ROADAddress3890 TAMPA ROAD

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR Title DIRECTOR

NameGOLDBERG, HEIDI DR.NameERICKSON, KURT DR.Address3890 TAMPA ROADAddress3890 TAMPA ROAD

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR

Name MILLER, MITCHELL DR.
Address 3890 TAMPA ROAD

City-State-Zip: PALM HARBOR FL 34684

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: TODD JONES PRESIDENT 01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

FILED Jan 05, 2024

Secretary of State

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