2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2025
Secretary of State
4562868717CC

DOCUMENT# L06000096067

Entity Name: SURGERY CENTER OF CORAL GABLES LLC

Current Principal Place of Business:

7600 CORPORATE CENTER DRIVE
SUITE 200
MIAMI, FL 33126

Current Mailing Address:

7600 CORPORATE CENTER DRIVE
SUITE 200
MIAMI, FL 33126 US

FEI Number: 62-1827649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FRANCISCO LEON DE LA BARRA 02/03/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	BALIUS, EMILIO
Address	1097 SE LEJEUNE ROAD
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	ARAN, ALBERTO
Address	1097 SE LEJEUNE ROAD
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	STELLMACHER, KEN
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

Title	MANAGER
Name	PASSUELLO, LESTER EARL
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

Title	MANAGER
Name	HARROLD, JASON
Address	45 BALLAS COURT
City-State-Zip:	ST. LOUIS MO 63131

Title	MANAGER
Name	PLEVYAK, DAVE
Address	3333 QUALITY DRIVE
City-State-Zip:	RANCHO CORDOVA CA 95670

Title	AUTHORIZED PERSON
Name	OPPENHEIM, PHYLLIS
Address	7600 CORPORATE CENTER DRIVE SUITE 200
City-State-Zip:	MIAMI FL 33126

Title	AUTHORIZED PERSON
Name	STERN, LEE
Address	7600 CORPORATE CENTER DRIVE SUITE 200
City-State-Zip:	MIAMI FL 33126

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: PHYLLIS OPPENHEIM AUTHORIZED PERSON 02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date