

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096067

Entity Name: SURGERY CENTER OF CORAL GABLES LLC**Current Principal Place of Business:**1097 LE JEUNE ROAD
SECOND FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**7300 CORPORATE CENTER DRIVE
SUITE 501
MIAMI, FL 33126 US**FEI Number:** 62-1827649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAN CORREA & GUARCH, P.A.
2100 SALZEDO ST
SUITE 303
CORAL GABLES, FL 33134 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

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	PRESIDENT
Name	ARAN, ALBERT J	Name	STERN, LEE
Address	1097 S.W. LE JEUNE ROAD SECOND FLOOR	Address	1097 S.W. LE JEUNE ROAD SECOND FLOOR
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: ALBERTO J. ARAN

MANAGER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date