

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098371

**Entity Name:** SEACREST SURGICAL CENTER, LLC

**Current Principal Place of Business:**

2314 SEACREST BLVD. #102  
#102  
BOYNTON BEACH, FL 33435-6739

**Current Mailing Address:**

2314 SEACREST BLVD. #102  
#102  
BOYNTON BEACH, FL 33435-6739

**FEI Number:** 45-3995102

**Certificate of Status Desired:** Yes

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

STYPEREK GROHMANN, K. EVA DR.  
2314 SEACREST BLVD. #102  
BOYNTON BEACH, FL 33435-6739 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 STYPEREK GROHMANN, K. EVA DR.  
Address 2314 SEACREST BLVD. #102  
City-State-Zip: BOYNTON BEACH FL 33435-6739

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STYPEREK GROHMANN, K. EVA DR.

MGR

01/17/2013

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

\_\_\_\_\_  
Date