2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 29, 2020
Secretary of State
3252029553CC

DOCUMENT# L07000051311

Entity Name: SURGICAL SPECIALISTS OF ST. LUCIE COUNTY, LLC

Current Principal Place of Business:

6830 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

6830 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

FEI Number: 26-0176703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLUE WATER SURGERY CENTER
6830 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 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: PAUL GABRIEL 06/29/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	LEE, S. DARRELL DR.
Address	6830 S. US HIGHWAY 1
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	CHAIRMAN
Name	PAUL, CRAIG
Address	6830 S. US HIGHWAY 1
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	AUTHORIZED MEMBER
Name	SEEGER, A RANDALL
Address	6830 S. US HIGHWAY 1
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MANAGER
Name	SOLOMON, MICHAEL C DR.
Address	6830 S. US HIGHWAY 1
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	AUTHORIZED MEMBER
Name	ZALUZEC, DANIEL
Address	6830 S. US HIGHWAY 1
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MANAGER
Name	SLACK, CHRISTOPHER LEE
Address	4632 S 25TH ST
City-State-Zip:	FORT PIERCE FL 34981

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: CRAIG PAUL MANAGER 06/29/2020

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