

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03/03/2020

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 MANAGER
Name SOLOMON, MICHAEL C 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 ZALUZEC, DANIEL
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

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

CHAIRMAN

03/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date