

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000802

**Entity Name:** SEASCAPE SURGERY CENTER, LLC

**Current Principal Place of Business:**

5379 PRIMROSE LAKE CIRCLE  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 46937  
TAMPA, FL 33646

**FEI Number:** 80-0150187

**Certificate of Status Desired:** No

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

BOWMAN, PAUL H  
5379 PRIMROSE LAKE CIR  
TAMPA, FL 33647 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 H BOWMAN

01/13/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            BOWMAN, PAUL H MD  
Address        5379 PRIMROSE LAKE CIRCLE  
City-State-Zip: TAMPA FL 33647

*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:** PAUL H BOWMAN

PRESIDENT

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date