

2013 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 HMD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BOWMAN, PAUL M.D.
Address 5379 PRIMROSE LAKE CIRCLE
City-State-Zip: TAMPA FL 33647

Title PST
Name BOWMAN, PAUL M.D.
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL BOWMAN, MD

PRESIDENT

01/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date