2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2016
Secretary of State
CC1292848432

DOCUMENT# L08000048130

Entity Name: GULF REGION SURGERY CENTER, LLC

Current Principal Place of Business:

8333 N DAVIS HWY
PENSACOLA, FL 32514

Current Mailing Address:

8333 N DAVIS HWY
PENSACOLA, FL 32514

FEI Number: 26-2627967

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET STE 800
PENSACOLA, FL 32502 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	WEST FLORIDA MEDICAL CENTER CLINIC, PA
Address	8333 NORTH DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32514

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: WEST FLORIDA MEDICAL CENTER CLINIC, PA MGR 04/14/2016

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