

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000058499

Entity Name: SURGICARE OF LAKELAND, LLC

Current Principal Place of Business:

900 GRIFFIN ROAD
LAKELAND, FL 33805

Current Mailing Address:

900 GRIFFIN ROAD
LAKELAND, FL 33805 US

FEI Number: 27-2773023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORSETT, KEVIN A
1247 LAKELAND HILLS BOULEVARD
LAKELAND, FL 33801 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 DORSETT, KEVIN AMD
Address 1247 LAKELAND HILLS BLVD.
City-State-Zip: LAKELAND FL 33805

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: KEVIN A. DORSETT

MANAGER

01/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date