

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107507

**Entity Name:** SAND LAKE SURGICENTER, LLC

**Current Principal Place of Business:**

7477 SAND LAKE COMMONS BOULEVARD  
ORLANDO, FL 32819

**Current Mailing Address:**

7477 SAND LAKE COMMONS BOULEVARD  
ORLANDO, FL 32819 US

**FEI Number:** 27-3787593

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** NATHAN GIFFIN

03/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	VP
Name	SCA-SAND LAKE, LLC	Name	MARK, LADD W.
Address	7477 SAND LAKE COMMONS BOULEVARD	Address	7477 SAND LAKE COMMONS BOULEVARD
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** LADD W. MARK

VICE PRESIDENT

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date