

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000083

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

**Current Principal Place of Business:**

240 1ST AVUENUE SOUTH  
STE. 200  
ST.PETERSBURG, FL 33701

**Current Mailing Address:**

240 1ST AVUENUE SOUTH  
STE. 200  
ST.PETERSBURG, FL 33701

**FEI Number:** 27-4425937

**Certificate of Status Desired:** No

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

NATHAN L TOWNSEND PA  
9385 N 56TH ST.  
STE. 202  
TAMPA, FL 33617 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 RENAISSANCE REAL ESTATE OF ST.  
PETERSBURG  
Address 240 1ST AVENUE SOUTH STE. 200  
City-State-Zip: ST.PETERSBURG FL 33701

*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:** WENDI HAYES

**CONTROLLER**

**01/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date