

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000067542

Entity Name: PONTE VEDRA BEACH SURGERY CENTER, LLC

Current Principal Place of Business:

1030 A1A NORTH
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

1030 A1A NORTH
PONTE VEDRA BEACH, FL 32082

FEI Number: 45-5325821

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 MEDICAL DIRECTOR
Name HARRIS, JOHN B DR.
Address 1030 A1A NORTH
City-State-Zip: PONTE VEDRA BEACH FL 32082

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: JOHN B. HARRIS, MD

MEDICAL DIRECTOR

01/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date