

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030402

Entity Name: SURGCENTER OF PALM BEACH GARDENS LLC

Current Principal Place of Business:

900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410

FEI Number: 46-2315994

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALCIRA, LUCIA
900 VILLAGE SQUARE CROSSING
SUITE 100
PALM BEACH GARDENS, FL 33410 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 URBAN, W. CHRISTOPHER MD
Address P.O. BOX 1708
City-State-Zip: PISMO BEACH CA 93448

Title MGR
Name HAMMERSTROM, STEVEN DPM
Address P.O. BOX 1708
City-State-Zip: PISMO BEACH CA 93448

Title MGR
Name O'NEAL, SEAN
Address P.O. BOX 1708
City-State-Zip: PISMO BEACH CA 93448

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: URBAN , W. CHRISTOPHER MD

MANAGER

03/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date