

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**14201 DALLAS PKWY
FL 13
DALLAS, TX 75254 US**FEI Number:** 46-2315994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:** TERRIE BATES

10/12/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	REGIONAL VICE PRESIDENT
Name	LEMAISTRE, COLLIN
Address	900 VILLAGE SQUARE CROSSING SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	ADMINISTRATOR
Name	YOUNG, BRIAN F
Address	900 VILLAGE SQUARE CROSSING SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	BOWDEN, JAMES
Address	14201 DALLAS PKWY FL 13
City-State-Zip:	DALLAS TX 75254

Title	TREASURER
Name	MORRIS, OWEN
Address	14201 DALLAS PKWY FL 13
City-State-Zip:	DALLAS TX 75254

Title	AUTHORIZED REPRESENTATIVE
Name	SIMS, KAREN
Address	14201 DALLAS PKWY FL 13
City-State-Zip:	DALLAS TX 75254

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: KAREN SIMS**AUTHORIZED
REPRESENTATIVE**

10/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date