

**2021 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:** No

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

FISHER, SHAWN D  
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:** SHAWN D FISHER

04/07/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title ADMINISTRATOR  
Name FISHER, SHAWN D  
Address 900 VILLAGE SQUARE CROSSING  
SUITE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** SHAWN D FISHER

ADMINISTRATOR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date