2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000115806

Entity Name: BISCAYNE PLAZA SURGERY CENTER LLC

FILED
Dec 15, 2019
Secretary of State
5231209580CR

Current Principal Place of Business:

3475 SHERIDAN STREET
SUITE 104
HOLLYWOOD, FL 33021

Current Mailing Address:

4511 N HIMES AVENUE
SUITE 100
TAMPA, FL 33614 US

FEI Number: 46-3873802

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OGDEN, AMY
4511 N HIMES AVENUE
SUITE 100
TAMPA, FL 33614 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: AMY OGDEN 12/15/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CEO
Name	BERNER, STACEY	Name	VALERIO, JOSE
Address	7760 EAST STATE ROUTE 69 C5-342	Address	3475 SHERIDAN STREET SUITE 104
City-State-Zip:	PRESCOTT VALLEY AZ 86314	City-State-Zip:	HOLLYWOOD FL 33021
Title	COO	Title	TREASURER
Name	RESNIK, BARRY	Name	LEWEN, GREGORY
Address	3475 SHERIDAN STREET SUITE 104	Address	3475 SHERIDAN STREET SUITE 104
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021
Title	SECRETARY	Title	AUTHORIZED REPRESENTATIVE
Name	WAGNER, ABRAHAM	Name	OGDEN, AMY
Address	3475 SHERIDAN STREET SUITE 104	Address	4511 N HIMES AVENUE SUITE 100
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	TAMPA FL 33614

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: AMY OGDEN AUTHORIZED REPRESENTATIVE 12/15/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date