**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 02, 2014**
**Secretary of State**
**CC8934802376**

DOCUMENT# L13000122080

**Entity Name:** PARK AMBULATORY SURGERY CENTER, LLC

**Current Principal Place of Business:**

4730 N. HABANA AVE., STE-204
TAMPA, FL 33614

**Current Mailing Address:**

4730 N. HABANA AVE., STE-204
TAMPA, FL 33614

**FEI Number: 46-3665760**

**Certificate of Status Desired:** No

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

KOCHE, DAVID L
601 BAYSHORE BLVD., STE-700
TAMPA, FL 33606 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 | CEO |
| Name | WOOD, DAVID |
| Address | 4730 N. HABANA AVE., STE-204 |
| 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: DAVID WOOD CEO 04/02/2014

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