2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2022
Secretary of State
4927571772CC

DOCUMENT# L13000122080

Entity Name: PARK AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

5055 W. PARK BLVD
SUITE 800
PLANO, TX 75093

Current Mailing Address:

504 N. REO ST.
TAMPA, FL 33609 US

FEI Number: 46-3665760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAJAN-WILSON, REKHA L
504 N. REO ST.
TAMPA, FL 33609 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: REKHA RAJAN-WILSON 03/30/2022

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	COO
Name	WOOD, DAVID A	Name	HELMS, JOSH
Address	504 N. REO ST.	Address	504 N. REO ST.
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	VP FINANCE	Title	CAO
Name	PRIOLO, MARY	Name	GARI, TRAICE
Address	504 N. REO ST.	Address	504 N. REO ST.
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	CEO		
Name	WADE, MARK		
Address	504 N. REO ST.		
City-State-Zip:	TAMPA FL 33609		

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: MARY PRIOLO VP 03/30/2022

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