

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000088754

Entity Name: WOODHAVEN SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

10110 NW COUNTY ROAD 235
ALACHUA, FL 32615

Current Mailing Address:

10110 NW COUNTY ROAD 235
ALACHUA, FL 32615 US

FEI Number: 37-1759844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FESMIRE, ELLEN E
10110 NW COUNTY ROAD 235
ALACHUA, FL 32615 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 AMBR
Name FESMIRE, ELLEN E
Address 10110 NW COUNTY ROAD 235
City-State-Zip: ALACHUA FL 32615

Title ARNP
Name QUINTANA, RACHEL
Address 10110 NW COUNTY ROAD 235
City-State-Zip: ALACHUA FL 32615

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: ELLEN FESMIRE

CRNFA

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date