

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000159834

Entity Name: SEASIDE SURGERY CENTER LLC

Current Principal Place of Business:

1879 VETERANS PARK DRIVE
NAPLES, FL 34109

Current Mailing Address:

P.O. BOX 1708
PISMO BEACH, CA 93448 US

FEI Number: 47-2399984

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZINCKGRAF, ERIC
5313 PAGNOTTA PLACE
LUTZ, FL 33558 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 MGR
Name BERNER, STACEY
Address P.O. BOX 1708
City-State-Zip: PISMO BEACH CA 93448

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: STACEY BERNER, MD

MANAGER

03/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date