

2020 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:

1879 VETERANS PARK DRIVE
NAPLES, FL 34109 US

FEI Number: 47-2399984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NILOFF, AMY
1879 VETERANS PARK DRIVE
NAPLES, FL 34109 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 NILOFF

01/13/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title BUSINESS MANAGER
Name NILOFF, AMY
Address 1879 VETERANS PARK DRIVE
SUITE 1101
City-State-Zip: NAPLES FL 34109

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 NILOFF

BUSINESS MANAGER

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date