

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000190129

Entity Name: A WOMANS POINT OF VIEW SURGERY CENTER LLC

Current Principal Place of Business:

3275 66TH STREET N
ST PETERSBURG, FL 33710

Current Mailing Address:

3275 66TH STREET N
ST PETERSBURG, FL 33710

FEI Number: 47-5537956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAIN, MEENAKSHI MD
3275 66TH STREET N
ST PETERSBURG, FL 33710 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 JAIN, MEENAKSHI MD
Address 3275 66TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33710

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: MEENAKSHI JAIN MD

MANAGER

04/19/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date