

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000119129

Entity Name: LAKE ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

17355 SE 109TH TERRACE ROAD
SUMMERFIELD, FL 34491

Current Mailing Address:

14201 DALLAS PARKWAY
DALLAS, TX 75254 US

FEI Number: 81-4225104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 NATIONAL SURGERY CENTER HOLDINGS, INC.
Address 14201 DALLAS PARKWAY
City-State-Zip: DALLAS TX 75254

Title VP
Name MORRIS, OWEN
Address 14201 DALLAS PKWY FL 13
City-State-Zip: DALLAS TX 75254

Title SECRETARY
Name BOWDEN, JAMES
Address 14201 DALLAS PARKWAY
City-State-Zip: DALLAS TX 75254

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: KAREN SIMS

AUTHORIZED AGENT

06/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date