

**2023 FLORIDA LIMITED LIABILITY COMPANY 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

Title PRESIDENT  
Name LEMAISTRE, COLLIN  
Address 14201 DALLAS PKWY FL 13  
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 REPRESENTATIVE**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date