

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000199050

**Entity Name:** OPHTHALMOLOGY SURGERY CENTER OF ORLANDO, LLC

**Current Principal Place of Business:**

105 BONNIE LOCH COURT  
ORLANDO, FL 32806

**Current Mailing Address:**

15305 DALLAS PARKWAY  
SUITE 1600  
ADDISON, TX 75001

**FEI Number: 81-4378043**

**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            ORLANDO HEALTH/USP SURGERY  
                  CENTERS, LLC  
Address        15305 DALLAS PARKWAY, SUITE 1600  
  
City-State-Zip:    ADDISON TX 75001

*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: WENDY BEARD**

**AUTHORIZED AGENT**

**01/08/2018**

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

\_\_\_\_\_  
Date