

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000165542

Entity Name: SURGERY CENTER OF MIAMI, LLC**Current Principal Place of Business:**21 SW 57 AVE
MIAMI, FL 33144**Current Mailing Address:**2140 W 68 ST
300
HIALEAH, FL 33016 US**FEI Number:** 82-3094112**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GONZALEZ, JEFF O
2140 W 68 ST
300
HIALEAH, FL 33016 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	MANAGER
Name	GONZALEZ, JEFF O
Address	2140 W 68 ST SUITE 300
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	MARTINEZ, JOSE L
Address	2140 W 68 ST 300
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	CASTANEDA, JORGE D
Address	2140 W 68 ST 300
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	PADILLA, VICTOR M III
Address	2140 W 68 ST 300
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	MADERAL, FRANCISCO R
Address	2140 W 68 ST 300
City-State-Zip:	HIALEAH FL 33016

Title	MANAGER
Name	KERTZNUS, JOEL
Address	2140 W 68 ST 300
City-State-Zip:	HIALEAH FL 33016

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: JEFF O GONZALEZ

MANAGER

06/16/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date