

2024 FLORIDA LIMITED LIABILITY COMPANY 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:** No**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: GONZALEZ , JEFF , O

MANAGER

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date