

**2020 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:** 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           PADILLA, VICTOR M III  
Address       2140 W 68 ST  
                  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

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**

**REGISTERED AGENT**

**02/25/2020**

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

\_\_\_\_\_  
Date