

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000188009

**Entity Name:** SURGICAL TREATMENT CENTER, LLC

**Current Principal Place of Business:**

831 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

831 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 82-2682560

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA HEALTHCARE GROUP LLC  
831 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071 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:** IRENE BOGINSKY

09/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name SOUTH FLORIDA MEDICAL ASSOCIATES LLC  
Address 30 N GOULD ST  
STE R  
City-State-Zip: SHERIDAN WY 82801

*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:** ALLEN LICHT

MNGR

09/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date