

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000237718

**Entity Name:** WOMEN'S CARE FLORIDA SURGICAL CENTER, LLC

**Current Principal Place of Business:**

5016 WEST CYPRESS STREET  
TAMPA, FL 33609

**Current Mailing Address:**

5016 WEST CYPRESS STREET  
TAMPA, FL 33609 US

**FEI Number:** 82-3481913

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
TALLAHASSEE, FL 32301 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 MEMBER  
Name ARMAS, IGNACIO  
Address 5002 W LEMON STREET  
City-State-Zip: TAMPA FL 33609

*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:** IGNACIO ARMAS

MEMBER

03/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date