

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243601

Entity Name: PHYSICIANS DAY SURGERY CENTER, LLC**Current Principal Place of Business:**850 111TH AVENUE NORTH
NAPLES, FL 34108**Current Mailing Address:**850 111TH AVENUE NORTH
NAPLES, FL 34108 US**FEI Number:** 59-3438026**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** NATHAN GIFFIN

05/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BELLO, STEVEN MD
Address 850 111TH AVENUE NORTH
City-State-Zip: NAPLES FL 34108

Title MANAGER
Name COX, JORDAN
Address 850 111TH AVENUE NORTH
City-State-Zip: NAPLES FL 34108

Title MANAGER
Name STRAUSS, JASON
Address 850 111TH AVENUE NORTH
City-State-Zip: NAPLES FL 34108

Title MANAGER
Name WALKER, JOHN
Address 850 111TH AVENUE NORTH
City-State-Zip: NAPLES FL 34108

Title MANAGER
Name WARNER, JUSTIN MD
Address 850 111TH AVENUE NORTH
City-State-Zip: NAPLES FL 34108

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: STEVEN BELLO MD

MANAGER

05/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date