

**2021 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

04/24/2021

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

Title ASST. SECRETARY  
Name ANASTASIA LANG, HEATHER  
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:** HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date