

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000099436

**Entity Name:** NEW TAMPA SURGERY CENTER, LLC

**Current Principal Place of Business:**

2407 CYPRESS RIDGE BLVD  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

38135 MARKET SQ  
ZEPHYRHILLS, FL 33542 US

**FEI Number:** 43-2084719

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            DELATORRE, JOE  
Address        2407 CYPRESS RIDGE BLVD  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            MANAGER  
Name            EISNER, MARK DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            MANAGER  
Name            FRANK, BARRY DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            MANAGER  
Name            GUTTENTAG, IRA DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            MANAGER  
Name            HUGHES, PAUL DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            MANAGER  
Name            SIKES, DAVID DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            MANAGER  
Name            FINNERTY, NANCY DR.  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            CFO  
Name            ALVAREZ, CHRISTIAN  
Address        38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542

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*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:** CHRISTIAN ALVAREZ

**CFO**

**02/02/2021**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            CAO  
Name            TAYLOR, AUGUSTUS  
Address         38135 MARKET SQ  
City-State-Zip: ZEPHYRHILLS FL 33542