

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000105435

Entity Name: PALM BEACH SURGICAL SUITES, LLC

Current Principal Place of Business:

4215 BURNS RD SUITE 150
PALM BEACH GARDENS, FL 33410-4625

Current Mailing Address:

14201 DALLAS PKWY
DALLAS, TX 75254 US

FEI Number: 83-0558319

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GERSZBERG, KENNETH DR.
Address 4215 BURNS RD
 SUITE 150
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

Title ADMINISTRATOR
Name ZINGG, VIRGINIA
Address 4215 BURNS RD SUITE 150
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

Title SECRETARY
Name BOWDEN, JAMES
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title VP
Name TARBLE, BEN
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title PRESIDENT
Name LEMAISTRE, COLLIN
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED REPRESENTATIVE
Name SIMS, KAREN
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

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: KAREN SIMS

**AUTHORIZED
REPRESENTATIVE**

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date