

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000221670

Entity Name: BAPTIST HEALTH SURGERY CENTER, LLC

Current Principal Place of Business:

6855 RED RD #600
CORAL GABLES, FL 33143

Current Mailing Address:

6855 RED RD #600
CORAL GABLES, FL 33143 US

FEI Number: 65-0663357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID ESQ
6855 RED RD #500
CORAL GABLES, FL 33143 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 BAPTIST MEDICAL SERVICES CORP.
Address 6855 RED ROAD
 SUITE 600
City-State-Zip: CORAL GABLES FL 33143

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: NANCY A. BATISTA-RODRIGUEZ

MGR

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date