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: JAMES BOWDEN

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000289057

Entity Name: FLORIDA SPRINGS SURGERY CENTER, LLC

## Current Principal Place of Business:

366 BEVERLY COURT SPRING HILL, FL 34606-5326

## **Current Mailing Address:**

14201 DALLAS PKWY FL 13 DALLAS, TX 75254 US

# FEI Number: 83-2895293

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATIONS, 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	: TERRIE BATES			07/15/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	VP	
Name	LEMAISTRE, COLLIN	Name	BOWDEN, JAMES	
Address	14201 DALLAS PKWY FL 13	Address	14201 DALLAS PKWY FL 13	
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254	

## Certificate of Status Desired: No

VICE PRESIDENT

07/15/2022

Jul 15, 2022 Secretary of State 5602777718CC

FILED

Date