

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000046636

Entity Name: CELEBRATION SURGERY CENTER, LLC

Current Principal Place of Business:

2960 MALLORY CIRCLE
KISSIMMEE, FL 34747

Current Mailing Address:

7110 CROSSROAD BLVD
SUITE 200
BRENTWOOD, TN 37027 US

FEI Number: 83-3707180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 BRITT, JOSHUA M.D.
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title MANAGER
Name MATHIAS, PATRICK M.D.
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title MANAGER
Name MAGGARD, AMANDA
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title MANAGER
Name WYLIE, WARREN
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title MANAGER
Name JONES, CHASE
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title PRESIDENT
Name JONES, CHASE
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title VP
Name BRITT, JOSHUA M.D.
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

Title SECRETARY
Name WYLIE, WARREN
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747

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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: CHASE JONES

MANAGER

03/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name MATHIAS, PATRICK M.D.
Address 2960 MALLORY CIRCLE
City-State-Zip: KISSIMMEE FL 34747