

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000145162

Entity Name: NORTH NAPLES SURGERY CENTER, LLC

Current Principal Place of Business:

4513 EXECUTIVE DRIVE
NAPLES, FL 34119

Current Mailing Address:

4513 EXECUTIVE DRIVE
NAPLES, FL 34119 US

FEI Number: 84-2286561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KORUNDA, ZDENKO
4513 EXECUTIVE DRIVE
NAPLES, FL 34119 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 MGRM
Name KORUNDA, ZDENKO
Address 4513 EXECUTIVE DRIVE
City-State-Zip: NAPLES FL 34119

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: ZDENKO KORUNDA

MGRM

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date