

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000295296

Entity Name: CENTURION SURGERY CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

5191 FIRST COAST TECH PARKWAY
3RD FLOOR
JACKSONVILLE, FL 32224

Current Mailing Address:

5191 FIRST COAST TECH PARKWAY
3RD FLOOR
JACKSONVILLE, FL 32224 US

FEI Number: 84-3958857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORON, STEVEN
5191 FIRST COAST TECH PARKWAY
3RD FLOOR
JACKSONVILLE, FL 32224 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: STEVEN BORON

04/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name JACKSONVILLE SPINE CENTER, PA
Address 5191 FIRST COAST TECH PARKWAY
 3RD FLOOR
City-State-Zip: JACKSONVILLE FL 32224

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: STEVEN BORON

REGISTERED AGENT

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date