2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
8414405245CC

DOCUMENT# L20000015651

Entity Name: POINT MEADOWS SURGERY CENTER, LLC

Current Principal Place of Business:

705 WELLS ROAD
SUITE 300
ORANGE PARK, FL 32073

Current Mailing Address:

705 WELLS ROAD
SUITE 300
ORANGE PARK, FL 32073 US

FEI Number: 84-4480100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MH CORPORATE SERVICES, INC.
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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: ROBERT G. SHAFFER, II 04/25/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	CEO
Name	POWELL, KENNETH A	Name	CHRISTMAN, ANDREW
Address	705 WELLS ROAD SUITE 300	Address	705 WELLS ROAD SUITE 300
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073
Title	COO	Title	AUTHORIZED MEMBER
Name	TABOH, GREGG	Name	PHYSICIANS GROUP SERVICES, P.A.
Address	705 WELLS ROAD SUITE 300	Address	705 WELLS ROAD SUITE 300
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073

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: POWELL , KENNETH A MANAGER 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date