

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000356482

Entity Name: ADVENTHEALTH SURGERY CENTER WELLSWOOD, LLC

Current Principal Place of Business:

5013 N ARMENIA AVENUE
TAMPA, FL 33603

Current Mailing Address:

14201 DALLAS PARKWAY
DALLAS, TX 75254 US

FEI Number: 85-4111089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MGR
Name ADVENTHEALTH SURGERY CENTERS
WEST FLORIDA
Address 14201 DALLAS PARKWAY
City-State-Zip: DALLAS TX 75254

Title PRESIDENT
Name LEMAISTRE, COLLIN
Address 14201 DALLAS PKWY
FL 13
City-State-Zip: DALLAS TX 75254

Title VP
Name MILO, WILLIAM
Address 14201 DALLAS PARKWAY
City-State-Zip: DALLAS TX 75254

Title SECRETARY
Name BOWDEN, JAMES
Address 14201 DALLAS PKWY
FL 13
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED REPRESENTATIVE
Name SIMS, KAREN
Address 14201 DALLAS PKWY
FL 13
City-State-Zip: DALLAS TX 75254

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: KAREN SIMS

**AUTHORIZED
REPRESENTATIVE**

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date