

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000112870

**Entity Name:** SOUTHEAST FLORIDA SPECIALTY SURGERY CENTER, LLC

**Current Principal Place of Business:**

1801 W SAMPLE RD  
SUITE 102  
DEERFIELD BEACH, FL 33064

**Current Mailing Address:**

340 SEVEN SPRINGS WAY  
SUITE 600  
BRENTWOOD, TN 37027 US

**FEI Number:** 86-2770440

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** BRITTANY AUNET, CORPORATION SERVICE COMPANY

02/25/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PRZYCHOCKI, MEAGAN  
Address 1801 W SAMPLE RD  
City-State-Zip: DEERFIELD BEACH FL 33064

*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:** MEAGAN PRZYCHOCKI

SECRETARY

02/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date