

**2024 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

06/14/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BALDOCK, JENNIFER  
Address 340 SEVEN SPRINGS WAY  
SUITE 600  
City-State-Zip: BRENTWOOD TN 37027

*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:** JENNIFER BALDOCK

MANAGER

06/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date