

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

05/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED PERSON
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

AUTHORIZED PERSON

05/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date