2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2025
Secretary of State
7386422754CC

DOCUMENT# L21000383379

Entity Name: ADVENTHEALTH SURGERY CENTER DAYTONA BEACH, LLC

Current Principal Place of Business:

103 MEMORIAL MEDICAL PKWY
DAYTONA BEACH, FL 32117

Current Mailing Address:

103 MEMORIAL MEDICAL PKWY
DAYTONA BEACH, FL 32117 US

FEI Number: 92-2967648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714-1502 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: JEFF BROMME 01/14/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	WEIS, DAVID
Address	103 MEMORIAL MEDICAL PKWY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MANAGER
Name	DOMAYER, CORY
Address	103 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MANAGER
Name	SCHAPIRO, JENNA
Address	103 MEMORIAL MEDICAL PKWY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MANAGER
Name	MORRIS, SHYROLL
Address	103 MEMORIAL MEDICAL PKWY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	MANAGER, AUTHORIZED REPRESENTATIVE
Name	THOMAS, DEBORA
Address	103 MEMORIAL MEDICAL PARKWAY
City-State-Zip:	DAYTONA BEACH FL 32117

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: DEBORA THOMAS AUTHORIZED REPRESENTATIVE 01/14/2025

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