2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2025
Secretary of State
5497716526CC

DOCUMENT# L21000385196

Entity Name: BLP SURGERY, LLC.

Current Principal Place of Business:

543 FONTAINE ST
PENSACOLA, FL 32503

Current Mailing Address:

543 FONTAINE ST
PENSACOLA, FL 32503

FEI Number: 87-2422309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHEM, WILLIAM H
501 COMMENDENCIA ST
PPENSACOLA, FL 32502 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: WILLIAM H MITCHEM 01/30/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BUTLER, PETER N	Name	LEVEQUE, JOCCLYN
Address	543 FONTAINE ST	Address	543 FONTAINE ST
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	MGR	Title	MGR
Name	PATTERSON, NATHAN	Name	BUTLER, CATHERINE
Address	543 FONTAINE ST	Address	543 FONTAINE ST
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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: CATHERINE BUTLER PRACTICE ADMINISTRATOR 01/30/2025

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