

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000239968

Entity Name: ADVENTHEALTH SURGERY CENTER INNOVATION TOWER,
LLC**Current Principal Place of Business:**550 EAST ROLLINS STREET, SIXTH FLOOR
ORLANDO, FL 32803**Current Mailing Address:**550 EAST ROLLINS STREET, SIXTH FLOOR
ORLANDO, FL 32803 US**FEI Number: 88-2744377****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEFF BROMME
900 HOPE WAY,
ALTAMONTE SPRINGS, FL 32714 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	AUTHORIZED REPRESENTATIVE
Name	ROQUE, HENRY R
Address	550 EAST ROLLINS ST 6TH FLOOR
City-State-Zip:	ORLANDO FL 32803

Title	AUTHORIZED MEMBER
Name	THOMPSON, MICHAEL J
Address	265 E ROLLINS ST
City-State-Zip:	ORLANDO FL 32804

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: MICHAEL J. THOMPSON**AUTHORIZED MEMBER****03/06/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date