

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000531909

Entity Name: MULTI-SPECIALTY SURGERY CENTER LLC

Current Principal Place of Business:

3201 SW 34TH STREET
OCALA, FL 34474

Current Mailing Address:

3426 NW 43RD STREET
B
GAINESVILLE, FL 32606 US

FEI Number: 92-1474098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELDA QUIJANO, CPA
11070 SW 79TH TERRACE
OCALA, FL 34476 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 MGR, AUTHORIZED MEMBER
Name NARAYAN, PERINCHERY
Address 6520 NW 50TH LANE
City-State-Zip: GAINESVILLE FL 32653

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: PERINCHERY NARAYAN

MANAGING MEMBER

02/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date