

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000533274

**Entity Name:** BAPTIST SOUTH SURGERY CENTER LLC

**Current Principal Place of Business:**

14540 OLD ST. AUGUSTINE ROAD  
MEDICAL OFFICE BUILDING 2  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14540 OLD ST. AUGUSTINE ROAD  
MEDICAL OFFICE BUILDING 2  
JACKSONVILLE, FL 32258 US

**FEI Number:** 92-1168204

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TICKELL, KEITH  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 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 MEMBER  
Name BAPTIST-COMPASS SURGICAL  
VENTURES, LLC  
Address 9131 ANSON WAY  
SUITE 304  
City-State-Zip: RALEIGH NC 27615

Title AUTHORIZED MEMBER  
Name PAVILION HEALTH SERVICES, INC.  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

*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:** KEITH TICKELL

**REGISTERED AGENT**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date