

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000157694

Entity Name: COASTAL TIDES SURGICAL CENTER, LLC

Current Principal Place of Business:

1002 N ARNOLD ROAD, SUITE 401
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

1002 N ARNOLD ROAD, SUITE 401
PANAMA CITY BEACH, FL 32413 US

FEI Number: 99-2715744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTSFIELD, STEVEN
1002 N ARNOLD ROAD
SUITE 401
PANAMA CITY BEACH, FL 32413 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: STEVEN HARTSFIELD

02/13/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TALLAHASSEE MEMORIAL HEALTH
VENTURES, INC.
Address 1401 CENTERVILLE ROAD, BOX 210
City-State-Zip: TALLAHASSEE FL 32308

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: STEVEN HARTSFIELD

CFO

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date