

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M19000008239

**Entity Name:** CLEARWAY SURGERY CENTER OF CRESTVIEW, LLC

**Current Principal Place of Business:**

180 E REDSTONE AVE STE A  
CRESTVIEW, FL 32539

**Current Mailing Address:**

201 DEFENSE HIGHWAY  
STE 260  
ANNAPOLIS, MD 21401 US

**FEI Number:** 84-2479344

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** KATHERINE SCHNEIDER, ASST SECRETARY

04/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name GULF COAST PAIN CONSULTANTS, LLC  
Address 201 DEFENSE HIGHWAY STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title MEMBER  
Name DISANTO, DAVID DR  
Address 4825 ANDRADE STREET  
City-State-Zip: PENSACOLA FL 32504

Title MEMBER  
Name RIMMALAPUDI, VARUN DR  
Address 2667 MANOR CR  
City-State-Zip: GULF BREEZE FL 32563

*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:** MARSHA WINIK

VP

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date