

**2021 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M19000008239

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

**Current Principal Place of Business:**

201 DEFENSE HIGHWAY  
STE 205  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

201 DEFENSE HIGHWAY  
STE 205  
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

04/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name FREAS, DAMEAN  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title AUTHORIZED REPRESENTATIVE  
Name KORNBLUTH, IRA  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title AUTHORIZED REPRESENTATIVE  
Name VILLATORO, ALBERTO  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

*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:** DAMEAN FREAS

**AUTHORIZED  
REPRESENTATIVE**

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date