## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000006361

Entity Name: SEBRING SURGICENTER, LLC

**Current Principal Place of Business:** 

ONE PARK PLAZA NASHVILLE, TN 37203

**Current Mailing Address:** 

P O BOX 750

NASHVILLE. TN 37202 US

FEI Number: 86-3907317 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2024

**Secretary of State** 

9218702610CC

## Authorized Person(s) Detail:

Title MBR

Name SURGICARE OF SEBRING LLC

Address ONE PARK PLAZA

City-State-Zip: NASHVILLE TN 37203

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: JOHN M. FRANCK II

Electronic Signature of Signing Authorized Person(s) Detail

MGR OF MBR

04/30/2024