## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000018752

Entity Name: SURGICARE OF WEST BAY, 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: 88-4390484 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 17, 2023

**Secretary of State** 

6749463208CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameBEASLEY, GREGNameFRANCK, JOHN M IIAddress13355 NOEL RD., STE. 1200AddressONE PARK PLAZA

City-State-Zip: DALLAS TX 75240 City-State-Zip: NASHVILLE TN 37203

Title MGR

Name FOSTER, JON M.

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

04/17/2023