

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000166500

Entity Name: NAPLES SUNCOAST SURGERY CENTER, LLC

Current Principal Place of Business:

2500 GOODLETTE FRANK ROAD
SUITE 201
NAPLES, FL 34103

Current Mailing Address:

12731 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907

FEI Number: 84-2343047

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HF REGISTERED AGENTS, LLC
1715 MONROE STREET
FORT MYERS, FL 33901 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

Authorized Person(s) Detail :

Title MGR
Name FRANTZ, JONATHAN M M.D.
Address 12731 NEW BRITTANY BOULEVARD
City-State-Zip: FORT MYERS FL 39907

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: JONATHAN M. FRANTZ , M.D

MANAGER

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date