

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000030762

**Entity Name:** SS SURGICAL PA

**Current Principal Place of Business:**

8353 NW 36TH ST  
MIAMI, FL 33166

**Current Mailing Address:**

8353 NORTHWEST 36TH STREET  
MIAMI, FL 33166

**FEI Number:** 45-4950328

**Certificate of Status Desired:** No

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

STOVER, STEPHANIE ANDREA DR.  
8353 NORTHWEST 36TH STREET  
MIAMI, FL 33166 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:** STEPHANIE STOVER

05/02/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name STOVER, STEPHANIE AMD  
Address 8353 NORTHWEST 36TH STREET  
City-State-Zip: MIAMI FL 33166

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE A. STOVER, MD

**PRESIDENT**

05/02/2022

Electronic Signature of Signing Officer/Director Detail

Date