

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054259

**Entity Name:** EAP-SURGICAL, LLC

**Current Principal Place of Business:**

9375 66TH STREET NORTH  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

9375 66TH STREET NORTH  
PINELLAS PARK, FL 33782

**FEI Number:** 73-1689226

**Certificate of Status Desired:** No

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

WACHTER, JOHN BJR  
9375 66TH STREET NORTH  
PINELLAS PARK, FL 33782 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 MGRM  
Name WACHTER, JOHN BJR  
Address 9375 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33782

*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 B. WACHTER, JR

**MANAGER**

**02/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date