

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021570

**Entity Name:** LAKEWOOD RANCH MINIMALLY INVASIVE SURGERY, PLLC

**Current Principal Place of Business:**

8340 LAKEWOOD RANCH BOULEVARD  
SUITE 101  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8340 LAKEWOOD RANCH BOULEVARD  
SUITE 101  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 20-0801939

**Certificate of Status Desired:** Yes

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

NAPOLIELLO, DAVID A  
8340 LAKEWOOD RANCH BOULEVARD  
SUITE 101  
LAKEWOOD RANCH, FL 34202 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 DR.  
Name NAPOLIELLO, DAVID A  
Address 8340 LAKEWOOD RANCH  
BOULEVARD, SUITE 101  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** DAVID NAPOLIELLO

**OWNER**

**02/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date