

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065235

Entity Name: LAPAROSCOPIC & LASER SURGERY CENTER OF CENTRAL FLORIDA,LLC

FILED
May 01, 2016
Secretary of State
CC7161187820

Current Principal Place of Business:

7359 CURRY FORD RD
ORLANDO, FL 32822

Current Mailing Address:

7359 CURRY FORD RD
ORLANDO, FL 32822

FEI Number: 01-0839016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAIG, AJMAL A
7359 CURRY FORD RD
ORLANDO, FL 32822 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 MGMR
Name BAIG, AJMAL A
Address 7359 CURRY FORD RD
City-State-Zip: ORLANDO FL 32822

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: AJMAL BAIG

MANAGING MEMBER

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date