

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050121

**Entity Name:** ACADEMIC SURGICAL CONGRESS, LLC

**Current Principal Place of Business:**

11300 W OLYMPIC BLVD  
SUITE 600  
LOS ANGELES, CA 90064

**Current Mailing Address:**

11300 W OLYMPIC BLVD  
SUITE 600  
LOS ANGELES, CA 90064 US

**FEI Number:** 26-3462607

**Certificate of Status Desired:** No

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

KASENDORF, CHRISTINA M IV  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** CHRISTINA KASENDORF

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SOCIETY OF UNIVERSITY SURGEONS  
Address 11300 W. OLYMPIC BLVD  
SUITE 600  
City-State-Zip: LOS ANGELES CA 90064

Title MGRM  
Name ASSOCIATION FOR ACADEMIC  
SURGERY  
Address 11300 WEST OLYMPIC BLVD., SUITE  
600  
City-State-Zip: LOS ANGELES CA 90064

*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:** CHRISTINA KASENDORF

EXECUTIVE DIRECTOR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date