

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000051896

**Entity Name:** PARSА SURGICAL & ASSOCIATES, LLC

**Current Principal Place of Business:**

182 ROBINHOOD ROAD NE  
ATLANTA, GA 30309

**Current Mailing Address:**

4 NW 108 WAY  
PLANTATION, FL 33324

**FEI Number:** 26-2673868

**Certificate of Status Desired:** No

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

LEDERMAN, RICHARD  
4 NW 108 WAY  
PLANTATION, FL 33324 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 SHAHRIARI, ABTIN  
Address 182 ROBINHOOD ROAD NE  
City-State-Zip: ATLANTA GA 30309

*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:** ABTIN SHAHRIARI

**MANAGER**

**03/19/2014**

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

\_\_\_\_\_  
Date