

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051896

Entity Name: PARSA 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

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date