### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000090367

Entity Name: ALISA SURGICAL INVESTORS, LLC

## **Current Principal Place of Business:**

12959 PALMS WEST DRIVE SUITE 130 LOXAHATCHEE, FL 33470

# **Current Mailing Address:**

12959 PALMS WEST DRIVE SUITE 130 LOXAHATCHEE, FL 33470

## FEI Number: 27-0959286

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

ADLER, ALISA 12959 PALMS WEST DRIVE SUITE 130 LOXAHATCHEE, FL 33470 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ADLER, ALISA	Name	ADLER, DAVID
Address	12959 PALMS WEST DRIVE, SUITE 130	Address	12959 PALMS WEST DRIVE, SUITE 130
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

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 ADLER	MGRM	04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 25, 2016 Secretary of State CC4507282962

Certificate of Status Desired: No

Date

Date