

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007816

**Entity Name:** KEY BISCAYNE SURGERY CENTER LLC

**Current Principal Place of Business:**

580 CRANDON BLVD  
#301  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

580 CRANDON BLVD  
# 201  
KEY BISCAYNE, FL 33149

**FEI Number:** 27-1725488

**Certificate of Status Desired:** No

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

KHOURI, ROGER K  
580 CRANDON BLVD  
#201  
KEY BISCAYNE, FL 33149 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 MGR  
Name KHOURI, ROGER K  
Address 580 CRANDON BLVD #201  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** ROGER KHOURI

MGR

01/09/2017

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

\_\_\_\_\_  
Date