

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000031185

Entity Name: CENTRAL FLORIDA SURGICAL SUPPORT LLC

Current Principal Place of Business:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

Current Mailing Address:

5287 ALHAMBRA DRIVE
ORLANDO, FL 32808

FEI Number: 46-5491861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNON, HANS ESQUIRE
20 NORTH ORANGE AVENUE
4TH FLOOR
ORLANDO, FL 32801 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 LEOTTA, SEAN
Address 5287 ALHAMBRA DRIVE
City-State-Zip: ORLANDO FL 32808

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: SEAN LEOTTA

MGRM

04/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date