

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000080684

Entity Name: PREMIER SURGICAL ASSISTING, LLC

Current Principal Place of Business:

10297 SW WEST PARK AVENUE
PORT ST. LUCIE, FL 34987

Current Mailing Address:

10297 SW WEST PARK AVENUE
PORT ST. LUCIE, FL 34987 US

FEI Number: 81-2447883

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUFFY, KATHLEEN A
10297 SW WEST PARK AVENUE
PORT ST. LUCIE, FL 34987 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 AMBR
Name DUFFY, KATHLEEN A
Address 10297 SW WEST PARK AVENUE
City-State-Zip: PORT ST. LUCIE FL 34987

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: KATHLEEN A DUFFY

OWNER

03/29/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date