

**2017 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**

**MBR**

**02/14/2017**

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

\_\_\_\_\_  
Date