

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000051897

Entity Name: MIAMI SURGERY LLC

Current Principal Place of Business:

20200 WEST DIXIE HIGHWAY
SUITE #G3
AVENTURA, FL 33180

Current Mailing Address:

20200 WEST DIXIE HIGHWAY
SUITE #G3
AVENTURA, FL 33180

FEI Number: 82-0752595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ
200 S BISCAYNE BLVD
SUITE 3000
MIAMI, FL 33131 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, MANAGER
Name LAMPERT, JOSHUA A MD
Address 20200 WEST DIXIE HIGHWAY, G3
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name LAMPERT, ADELE LYNN
Address 20200 WEST DIXIE HIGHWAY
SUITE #G3
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name LAMPERT, GARY BRUCE
Address 20200 WEST DIXIE HIGHWAY
SUITE #G3
City-State-Zip: AVENTURA FL 33180

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: JOSHUA LAMPERT

MANAGER

04/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date