

**2022 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:**

SCHRIER, MARTIN T 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:** MARTIN T. SCHRIER

04/29/2022

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, GARY BRUCE  
Address 20200 WEST DIXIE HIGHWAY  
SUITE #G3  
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER  
Name LAMPERT, JUSTIN TYLER  
Address 9939 PINELAS PARK ROAD  
City-State-Zip: BOCA RATON FL 33428

*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 A LAMPERT

MANAGER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date