

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000000650

Entity Name: ADVANCED SURGICAL MOBILE EYE CARE LLC

Current Principal Place of Business:

445 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

Current Mailing Address:

P.O. BOX 585
RUSKIN, FL 33575 US

FEI Number: 82-3862643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, TRACEY DR.
445 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572 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	MGR	Title	PRESIDENT
Name	LEWIS, TRACEY DR.	Name	NGAR, LUCIE N DR.
Address	P.O. BOX 585	Address	P.O. BOX 585
City-State-Zip:	RUSKIN FL 33575	City-State-Zip:	RUSKIN FL 33575
Title	COO		
Name	HLUHAN, SHERI		
Address	445 APOLLO BEACH BLVD.		
City-State-Zip:	APOLLO BEACH FL 33572		

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: LUCIE NGAR

PRESIDENT

01/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date