

**2024 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:**

445 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572 US

**FEI Number:** 82-3862643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUU, LUCIE  
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            PRESIDENT  
Name            NGAR, LUCIE N DR.  
Address        445 APOLLO BEACH BLVD.  
City-State-Zip: APOLLO BEACH FL 33572

Title            COO  
Name            HLUHAN, SHERI  
Address        445 APOLLO BEACH BLVD.  
City-State-Zip: APOLLO BEACH FL 33572

Title            MGR  
Name            LUU, LUCIE  
Address        445 APOLLO BCH BLVD.  
City-State-Zip: APOLLO BCH FL 33572

Title            AMBR  
Name            WEST COAST MOBILE EYE CARE,  
                    INC.  
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:** ELBA R TORRES

**EXECUTIVE ASSISTANT**

**02/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date