

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000105435

**Entity Name:** PALM BEACH SURGICAL SUITES, LLC

**Current Principal Place of Business:**

4215 BURNS RD  
SUITE 150  
PALM BEACH GARDENS, FL 33410-4625

**Current Mailing Address:**

4215 BURNS RD  
SUITE 150  
PALM BEACH GARDENS, FL 33410-4625 US

**FEI Number:** 83-0558319

**Certificate of Status Desired:** No

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

MASON, HEATHER  
4215 BURNS RD  
SUITE 150  
PALM BEACH GARDENS, FL 33410-4625 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  
Name BERNER, STACEY DR.  
Address 722 DULANEY VALLEY ROAD  
City-State-Zip: TOWSON MD 21204

Title MANAGER  
Name GERSZBERG, KENNETH DR.  
Address 4215 BURNS RD  
SUITE 150  
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

Title OTHER  
Name MASON, HEATHER  
Address 4215 BURNS ROAD #150  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MANAGER  
Name KERPSACK, JAMES DR.  
Address 4215 BURNS RD  
SUITE 150  
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

*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:** HEATHER MASON

**ADMINISTRATOR**

**04/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date