## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000038861

Entity Name: ADVANCED CENTER FOR SURGERY - VERO BEACH, LLC

**FILED** May 06, 2024 **Secretary of State** 7674455612CC

**Current Principal Place of Business:** 

1355 37TH LANE STE 304

VERO BEACH, FL 32960

## **Current Mailing Address:**

14201 DALLAS PARKWAY DALLAS, TX 75254 US

FEI Number: 61-1917634 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: TERRIE BATES 05/06/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

**STE 304** 

SIGNATURE: KAREN SIMS

Title **AMBR** Title **PRESIDENT** 

USP FORT LAUDERDALE, INC. LEMAISTRE, COLLIN Name Name Address 14201 DALLAS PKWY Address 14201 DALLAS PKWY

FL 13

FL 13

DALLAS TX 75254 City-State-Zip: DALLAS TX 75254 City-State-Zip:

VΡ Title **AUTHORIZED REPRESENTATIVE** Title

Name FRANKLIN, JACQUELINE Name SIMS, KAREN

1355 37TH LANE Address Address 14201 DALLAS PKWY

FL 13

VERO BEACH FL 32960 DALLAS TX 75254 City-State-Zip: City-State-Zip:

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.

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED** REPRESENTATIVE 05/06/2024