

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000090484

**Entity Name:** FLORIDA SURGICAL MANAGEMENT LLC**Current Principal Place of Business:**2130 VINDALE RD  
TAVARES, FL 32778**Current Mailing Address:**3614 CAPE CT  
SAINT CLOUD, FL 34772 UN**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYES, IVAN  
3614 CAPE CT  
SAINT CLOUD, FL 34772 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	NAGABHAIRU, LAL S MD
Address	2130 VINDALE RD
City-State-Zip:	TAVARES FL 34772

Title	AMBR
Name	NAGABHAIRU, VIJAYA MD
Address	2130 VINDALE RD
City-State-Zip:	TAVARES FL 32778

Title	AP
Name	REYES, IVAN
Address	3614 CAPE CT
City-State-Zip:	SAINT CLOUD FL 34772

*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:** LAL S NAGABHAIRU MD

MGR

02/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date