

2021 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: NAGABHAIRU , LAL S , MD

MRG

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date