

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000137288

**Entity Name:** DOCTOR'S SURGICAL PARTNERSHIP, LLC

**Current Principal Place of Business:**

1035 S. APOLLO BLVD  
MELBOURNE, FL 32901

**Current Mailing Address:**

1035 S. APOLLO BLVD  
MELBOURNE, FL 32901 US

**FEI Number:** 59-3490279

**Certificate of Status Desired:** No

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

ROMANELLO, NICHOLAS W ESQ.  
C/O HEALTH FIRST  
6450 US HWY 1  
ROCKLEDGE, FL 32955 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 AMBR  
Name HEALTH FIRST SHARED SERVICES,  
INC.  
Address 6450 US HWY 1  
City-State-Zip: ROCKLEDGE FL 32955

*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:** NICHOLAS W. ROMANELLO

**ASSISTANT SECRETARY** 02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date