

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000459586

**Entity Name:** AMAIRA SURGICAL CENTERS LLC

**Current Principal Place of Business:**

1213 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1213 EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 88-1187452

**Certificate of Status Desired:** No

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

KSW LEGAL, PA  
1290 WESTON RD  
SUITE 218  
WESTON , FL 33326 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:** KRAIG WEISS

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BARNETT, ANDREW  
Address 401 EAST LAS OLAS BLVD STE 130-356  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MANAGER  
Name KELSEY, DANIEL  
Address 333 LAS OLAS WAY #3806  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** ANDREW BARNETT

MGR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date