

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002329

Entity Name: ASCENT SURGICAL PARTNERS, LLC

Current Principal Place of Business:

2100 S.E. OCEAN BOULEVARD
SUITE 102
STUART, FL 34996

Current Mailing Address:

2100 S.E. OCEAN BOULEVARD
SUITE 102
STUART, FL 34996

FEI Number: 39-1964361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORTELL, EDWIN EIII
416 S.E. FLAMINGO AVENUE
STUART, FL 34996 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 MGRM
Name BARATTA, ROBERT O
Address 2100 SE OCEAN BLVD., SUITE 102
City-State-Zip: STUART, FL 34996

Title MGRM
Name BARATTA, SCOTT R
Address 2100 S. E. OCEAN BLVD., SUITE 102
City-State-Zip: STUART FL 34996

Title MGRM
Name BARATTA, GREGG P
Address 2100 S. E. OCEAN BLVD., SUITE 102
City-State-Zip: STUART FL 34996

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: SCOTT R. BARATTA

MANAGER

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date