

**2016 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:** ROBERT O. BARATTA

MGRM

04/21/2016

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

\_\_\_\_\_ Date