

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200000982

**Entity Name:** ASCENT MEDICAL GROUP, LLC

**Current Principal Place of Business:**

406 S.W. 12TH AVE.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

406 S.W. 12TH AVE.  
DEERFIELD BEACH, FL 33442

**FEI Number:** 45-4552036

**Certificate of Status Desired:** No

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

TURNOFF, BYRON  
406 S.W. 12TH AVE.  
DEERFIELD BEACH, FL 33442 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 MILSTEIN, STEVEN MD  
Address 406 S.W. 12TH AVE.  
City-State-Zip: DEERFIELD BEACH FL 33442

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MILSTEIN, STEVEN MD

MGR

01/04/2013

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

\_\_\_\_\_ Date