#### 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: SHEREE LEPPINEN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M22000010777

Entity Name: ADVANCED PALM BEACH ASC, LLC

#### **Current Principal Place of Business:**

8240 S STATE ROAD 7 STE 180 BOYNTON BEACH, FL 33472

REPORT

## **Current Mailing Address:**

231 S BEMISTON AVE STE 850 PMB 82567 ST LOUIS, MO 63105-1920

### FEI Number: 88-0834885

### Name and Address of Current Registered Agent:

LEPPINEN, SHEREE 5002 DORY DRIVE NEW PORT RICHEY, FL 34652-4457 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	SHEREE LEPPINEN		05/13/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MBR	Title	MGR
Name	MSPB CARDIOLOGY MANAGEMENT GROUP, LLC	Name	PRICE, TIMOTHY
		Address	231 S BEMISTON AVE STE 850 PMB 82567
Address	5401 S CONGRESS AVE STE 102		
City-State-Zip:	ATLANTIS FL 33462	City-State-Zip:	ST LOUIS MO 63105-1920
Title	MBR		
Name	CCA OPCP HOLDCO PALM BEACH, LLC		
Address	231 S BEMISTON AVE STE 850 PMB 82567		
City-State-Zip:	ST LOUIS MO 63105-1920		

05/13/2024 **ADMINISTRATOR** 

Certificate of Status Desired: No

Date

# FILED May 13, 2024 Secretary of State 2753495167CC