

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000007816

**FILED**  
**Nov 24, 2014**  
**Secretary of State**

**Entity Name:** KEY BISCAYNE SURGERY CENTER LLC

**Current Principal Place of Business:**

580 CRANDON BLVD  
#301  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

580 CRANDON BLVD  
# 201  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 27-1725488      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KHOURI, ROGER K  
580 CRANDON BLVD  
#201  
KEY BISCAYNE, FL 33149 US

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

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: ROGER K KHOURI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: KHOURI, ROGER K  
Address: 580 CRANDON BLVD #201  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ROGER K KHOURI

\_\_\_\_\_  
Electronic Signature of Authorized Person

MGR

11/24/2014

\_\_\_\_\_  
Date