

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034978

Entity Name: ARIA SURGERY CENTER, LLC

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

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

2036 SW 1ST STREET  
MIAMI, FL 33135

## **New Principal Place of Business:**

2036 SW 1ST ST  
MIAMI, FL 33135

## **Current Mailing Address:**

2036 SW 1ST STREET  
MIAMI, FL 33135

## **New Mailing Address:**

881 OCEAN DRIVE  
KEY BISCAYNE, FL 33149

FEI Number: 80-0609861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAZRAVAN, SABA JAZMIN  
2036 SW 1ST STREET  
MIAMI, FL 33135 US

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

KAZRAVAN, JAZMIN SABA RN  
2036 SW 1ST STREET  
MIAMI, FL 33135 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: JAZMIN KAZRAVAN

03/28/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KAZRAVAN, JAZMIN SABA RN  
Address: 2036 SW 1ST ST  
City-St-Zip: MIAMI, FL 33135

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 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.

SIGNATURE: JAZMIN KAZRAVAN

MGRM

03/28/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date