

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001940

Entity Name: AFFILIATED GENERAL SURGEONS, L.L.C.**Current Principal Place of Business:**1143 NW 64TH TERRACE
GAINESVILLE, FL 32605**Current Mailing Address:**1143 NW 64TH TERRACE
GAINESVILLE, FL 32605**FEI Number:** 30-0058378**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SARANTOS, PETER MD
1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 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:** PETER SARANTOS

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PICKENS, BRIAN MD
Address 10412 SW 49TH LANE
City-State-Zip: GAINESVILLE FL 32608

Title MGRM
Name HIPP, TIMOTHY MD
Address 1143 NW 64TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name SARANTOS, PETER M.D.
Address 15213 N.W. 41ST AVENUE
City-State-Zip: NEWBERRY FL 32669

Title MGRM
Name DETURRIS, STANLEY MD
Address 1820 SW 86TH TERRACE
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name ROSE, JEFFERY MD
Address 1401 NW 60TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

Title MGRM
Name CASTALDO, ERIC MD
Address 10323 SW 21ST AVE
City-State-Zip: GAINESVILLE FL 32607

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: PETER SARANTOS**DIRECTOR**

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date