

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004363

**Entity Name:** AESCULAPIAN SURGERY CENTER, LLC

**Current Principal Place of Business:**

943 S. BENEVA ROAD  
SUITE 306  
SARASOTA, FL 34232

**Current Mailing Address:**

943 S. BENEVA ROAD  
SUITE 306  
SARASOTA, FL 34232

**FEI Number:** 92-0179499

**Certificate of Status Desired:** No

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

SIMON, GEOFFREY G  
943 S. BENEVA ROAD, STE. 306  
SARASOTA, FL 34232 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 MGRM  
Name INTERCOASTAL MEDICAL GROUP,  
INC  
Address 943 S BENEVA RD STE 306  
City-State-Zip: SARASOTA FL 34232

*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:** JOHN M. STEELE, MD

**PRESIDENT**

**02/09/2021**

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

\_\_\_\_\_ Date