

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029358

Entity Name: JERSEY SURGERY, P.L.

Current Principal Place of Business:

3467 W. HILLSBORO BLVD
SUITE B
DEERFIELD BEACH, FL 33442

Current Mailing Address:

3467 W. HILLSBORO BLVD
SUITE B
DEERFIELD BEACH, FL 33442

FEI Number: 13-4220517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOEL KORNBERG, M.D., J.D., P.A.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433 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 MGR
Name LEHR, GARY SM.D.P.A
Address 3467 W HILLSBORO BLVD
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name KIMMELMAN, RANDY SD.O.
Address 3467 W HILLSBORO BLVD SUITE B
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name MALLIS, MICHAEL JJR DO
Address 3467 W HILLSBORO BLVD SUITE B
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name STRICOFF, RONALD LMD
Address 3467 W HILLSBORO BLVD SUITE B
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR
Name SADER, CAMIL NMD
Address 3467 W HILLSBORO BLVD SUITE B
City-State-Zip: DEERFIELD BEACH FL 33442

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: RANDY S KIMMELMAN

MGR

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date