

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052374

Entity Name: PALM BEACH SURGICAL ASSOCIATES, LLC

Current Principal Place of Business:

12955 PALMS WEST DR.
STE 101
LOXAHATCHEE, FL 33470

Current Mailing Address:

12955 PALMS WEST DR.
STE 101
LOXAHATCHEE, FL 33470 US

FEI Number: 65-0450956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUERBERG, ERIC MESQ.
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 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 ZELTZER, JACK NM.D.
Address 1397 MEDICAL PARK BLVD, STE 100
City-State-Zip: WELLINGTON FL 33414

Title MGRM
Name CHIDAMBARAM, ARUL BM.D.
Address 1397 MEDICAL PARK BLVD, STE 100
City-State-Zip: WELLINGTON FL 33414

Title MGRM
Name IBARROLA, A. MARIANO M.D.
Address 1397 MEDICAL PARK BLVD, STE 100
City-State-Zip: WELLINGTON FL 33414

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: A. MARIANO IBARROLA MD

MGR

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date