

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067783

**Entity Name:** ABSOLUTE SURGICAL SPECIALISTS, PLLC

**Current Principal Place of Business:**

1046 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1046 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573 US

**FEI Number:** 20-3122835

**Certificate of Status Desired:** No

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

AMSHEL, CRAIG  
1046 CYPRESS VILLAGE BLVD  
SUN CITY CENTER, FL 33573 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 AMSHEL, CRAIG  
Address 1046 CYPRESS VILLAGE BLVD  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** CRAIG AMSHEL

**OWNER**

**01/08/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date