2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2016
Secretary of State
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Entity Name: TRAUMA & SPECIALTY SURGERY INSTITUTE, LLC

Current Principal Place of Business:

3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-8175025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGER, MICHAEL S. ESQ.
3801 PGA BOULEVARD
SUITE 604
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: MICHAEL S. SINGER 04/18/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	JAZAREVIC, SLOBODAN
Address	3801 PGA BOULEVARD, SUITE 604
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: SLOBODAN JAZAREVIC MGR 04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date