2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2017
Secretary of State
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Entity Name: TRAUMA & SPECIALTY SURGERY INSTITUTE, LLC

Current Principal Place of Business:

311 N CLYDLE MORRIS BLVD
SUITE 300
DAYTONA BEACH, FL 32114

Current Mailing Address:

126 SE MIRA LAVELLA
PORT ST LUCIE, FL 34984 US

FEI Number: 20-8175025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAZAREVIC, SLOBODAN DR.
126 SE MIRA LAVELLA
PORT ST LUCIE, FL 34984 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: SLOBODAN JAZAREVIC MD 02/10/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	JAZAREVIC, SLOBODAN
Address	126 SE MIRA LAVELLA
City-State-Zip:	PORT ST LUCIE FL 34984

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 MD REGISTERED AGENT/OFFICIAL 02/10/2017

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