

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001778

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

01/15/2018

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

PD

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date