**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 12, 2021**
**Secretary of State**
**3440147972CC**

DOCUMENT# L07000051311

**Entity Name:** SURGICAL SPECIALISTS OF ST. LUCIE COUNTY, LLC

**Current Principal Place of Business:**

6830 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

831 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

**FEI Number: 26-0176703**

**Certificate of Status Desired:** No

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

IV INFUSION TREATMENT CENTER LLC
8310 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 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: JACOB GITMAN 03/12/2021

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER |
| Name | SINAI HOLDINGS LLC | Name | GITMAN, JACOB |
| Address | 1111 KANE CONCOURSE<br>518 | Address | 1111 KANE CONCOURSE<br>518 |
| City-State-Zip: | BAY HARBOR ISLANDS FL 33154 | City-State-Zip: | BAY HARBOR ISLANDS FL 33154 |

*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: GITMAN, JACOB AM 03/12/2021

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