

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113862

**Entity Name:** APOLLO SURGERY CENTER, LLC

**Current Principal Place of Business:**

375 S WICKHAM RD  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

375 S WICKHAM RD  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 26-1387775

**Certificate of Status Desired:** No

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

FARID, MAGED  
375 S WICKHAM RD  
WEST MELBOURNE, FL 32904 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            FARID, MAGED  
Address        250 S WICKHAM RD  
City-State-Zip: MELBOURNE FL 32904

*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:** MAGED FARID

**MANAGER**

**04/28/2025**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date