

2019 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:

P.O.BOX 1988
MELBOURNE, FL 32902

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

MGRM

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date