

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090039

**Entity Name:** INNOVATION & SURGERY, LLC

**Current Principal Place of Business:**

888 BISCAYNE BLV  
4810  
MIAMI, FL 33132

**Current Mailing Address:**

888 BISCAYNE BLV  
4810  
MIAMI, FL 33132

**FEI Number:** 27-1126653

**Certificate of Status Desired:** No

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

MARINARI, CRISTIANO  
410 MERIDIAN AVE  
FL2  
MIAMI BEACH, FL 33139 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 RAVO, BIAGIO MD  
Address 8 THE BOULEVARD  
City-State-Zip: SEACLIFF NY 11579

Title MGR  
Name RAVO, LUCILLA  
Address 8 THE BOULEVARD  
City-State-Zip: SEACLIFF NY 11579

Title MGR  
Name RAVO, PATRIZIA  
Address 8 THE BOULEVARD  
City-State-Zip: SEACLIFF NY 11579

*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:** BIAGIO RAVO

**PRESIDENT**

**01/08/2014**

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

\_\_\_\_\_  
Date