

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042275

Entity Name: SUNCOAST ADVANCED SURGERY, PLLC

Current Principal Place of Business:

10441 QUALITY DRIVE
SUITE 305 - MEDICAL ARTS BUILDING
SPRING HILL, FL 34609

Current Mailing Address:

10441 QUALITY DRIVE
SUITE 305 - MEDICAL ARTS BUILDING
SPRING HILL, FL 34609 US

FEI Number: 27-2392556

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MADANI, SHEADA ESQUIRE
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 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 MGR
Name JAIN, SURBHI MD
Address 10441 QUALITY DRIVE
SUITE 305 - MEDICAL ARTS BUILDING

City-State-Zip: SPRING HILL FL 34609

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: SURBHI JAIN

MANAGING MEMBER

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date