

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081677

**FILED**  
**Mar 22, 2018**  
**Secretary of State**  
**CC4419747921**

**Entity Name:** ADVANCED AMBULATORY SURGERY CENTER LLC

**Current Principal Place of Business:**

652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 27-3214022**

**Certificate of Status Desired: No**

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

YEAGER, ROBIN  
652 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701 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 SURGICAL MANAGEMENT OF FLORIDA LLC  
Address 652 PALM SPRINGS DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER  
Name TRICOLI ENTERPRISES, LLC  
Address 652 PALM SPRINGS DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: WILLIAM J TRICOLI**

**MANAGER**

**03/22/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date