

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081677

**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:** APPLIED FOR

**Certificate of Status Desired:** No

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

KATZMAN, SCOTT  
3355 BURNS ROAD  
SUITE 304  
PALM BEACH GARDENS, FL 33410 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 KATZMAN ARMS, ANTIQUES AND FURNITURE  
Address 2401 FRIST BLVD., STE 7  
City-State-Zip: FT. PIERCE FL 34950

*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:** SCOTT KATZMAN

MGR

04/20/2016

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

\_\_\_\_\_  
Date