

2015 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

04/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date