

**2023 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:** 27-3214022

**Certificate of Status Desired:** No

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

TRICOLI LAW PLLC  
2170 WEST STATE ROAD 434  
SUITE 130  
LONGWOOD, FL 32779 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:** MICHAEL TRICOLI

04/04/2023

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 MGR  
Name TRICOLI ENTERPRISES, LLC  
Address 2170 WEST STATE ROAD 434  
SUITE 130  
City-State-Zip: LONGWOOD FL 32779

*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:** MICHAEL TRICOLI

MGR

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date