

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000032821

Entity Name: AMBULATORY SURGERY CENTER OF BOCA RATON, LLC

Current Principal Place of Business:

1905 CLINT MOORE ROAD, SUITE 300
BOCA RATON, FL 33496

Current Mailing Address:

1905 CLINT MOORE ROAD, SUITE 300
BOCA RATON, FL 33496 US

FEI Number: 20-2386540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRICOLI, MICHAEL T. ESQ.
660 PALM SPRINGS DRIVE
SUITE B
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: MICHAEL T TRICOLI

03/13/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name SURGICARE OF BOCA RATON, LLC
Address 1905 CLINT MOORE ROAD, SUITE 300
City-State-Zip: BOCA RATON FL 33496

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

LEGAL

03/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date