

**2023 FLORIDA LIMITED LIABILITY COMPANY 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 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 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

MGR

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date