

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101738

**Entity Name:** SURGICAL MANAGEMENT AND BILLING, LLC

**Current Principal Place of Business:**

1900 W. OAKLAND PARK BLVD. #5345  
FT. LAUDERDALE, FL 33310

**Current Mailing Address:**

1900 W. OAKLAND PARK BLVD. #5345  
FT. LAUDERDALE, FL 33310 US

**FEI Number:** 90-0766125

**Certificate of Status Desired:** No

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

CORPORATE ACCESS INC.  
236 E 6TH AVENUE  
TALLAHASSEE, FL 32303-6208 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 MGR  
Name KIC MANAGEMENT GROUP, INC.  
Address 350 MAIN STREET, 2ND FLOOR  
City-State-Zip: MALDEN MA 02148

*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:** ADITYA HUMAD

CFO

04/28/2017

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

\_\_\_\_\_ Date