

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142408

**Entity Name:** ASC INSTITUTE, LLC

**Current Principal Place of Business:**

1226 OMAR RD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

1226 OMAR RD  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 20-3468257

**Certificate of Status Desired:** No

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

TOBIN & REYES, P.A.  
225 N.E. MIZNER BOULEVARD  
SUITE 510  
BOCA RATON, FL 33432 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	MANAGER/MEMBER	Title	MANAGER/MEMBER
Name	GOULD, ALAN E	Name	COHEN, ALAN D
Address	1226 OMAR RD	Address	15840 MONTE ST SUITE 108
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	SYLMAR CA 91342

*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:** ALAN GOULD

**MANAGER**

**02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date