

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000188009

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**7076262492CC**

**Entity Name:** SURGICAL TREATMENT CENTER, LLC

**Current Principal Place of Business:**

831 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

831 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 82-2682560

**Certificate of Status Desired:** Yes

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

SINAI HOLDINGS, LLC  
1111 KANE CONCOURSE, 518  
BAY HARBOR ISLANDS, FL 33154 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 AMBR  
Name SINAI HOLDINGS, LLC  
Address 831 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title MGR  
Name GITMAN, JACOB  
Address 1111 KANE CONCOURSE, 518  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title AP  
Name GOLDSMITH, MALCOM MD  
Address 831 CORAL RIDGE DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** JULIA BLANC

**OFFICE MANAGER**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date