

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000105435

Entity Name: PALM BEACH SURGICAL SUITES, LLC

Current Principal Place of Business:

4215 BURNS RD
SUITE 150
PALM BEACH GARDENS, FL 33410-4625

Current Mailing Address:

4215 BURNS RD
SUITE 150
PALM BEACH GARDENS, FL 33410-4625 US

FEI Number: 83-0558319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASON, HEATHER
4215 BURNS RD
SUITE 150
PALM BEACH GARDENS, FL 33410-4625 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 BERNER, STACEY DR.
Address 722 DULANEY VALLEY ROAD
City-State-Zip: TOWSON MD 21204

Title MANAGER
Name GERSZBERG, KENNETH DR.
Address 4215 BURNS RD
SUITE 150
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

Title OTHER
Name MASON, HEATHER
Address 4215 BURNS ROAD #150
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MANAGER
Name KERPSACK, JAMES DR.
Address 4215 BURNS RD
SUITE 150
City-State-Zip: PALM BEACH GARDENS FL 33410-4625

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: HEATHER MASON

ADMINISTRATOR

04/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date