## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000311730

Entity Name: ADVANCED SURGICAL CARE OF VIERA, LLC

**Current Principal Place of Business:** 

8240 DEVEREUX DR STE 100 MELBOURNE. FL 32940-8200

**Current Mailing Address:** 

8240 DEVEREUX DR STE 100 MELBOURNE, FL 32940-8200

FEI Number: 87-2178964 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROWLETT, REBECCA D 8240 DEVEREUX DR STE 100 MELBOURNE, FL 32940-8200 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: REBECCA D ROWLETT 03/25/2024

Electronic Signature of Registered Agent Date

City-State-Zip:

Authorized Person(s) Detail:

 Title
 MGR
 Title
 MEDICAL DIRECTOR

 Name
 BRESSMAN, SARA
 Name
 ELDAIF, BASSEM MD

Address 8240 DEVEREUX DRIVE Address 8240 DEVEREUX DR STE 100

SUITE 100

City-State-Zip: MELBOURNE FL 32940-8200

Title CEO Title ADMINISTRATOR

Name ROWLETT, REBECCA D
Name HAMZAVI , BRIAN MD

Address 8240 DEVEREUX DR STE 100

Address 8240 DEVEREUX DR STE 100

City-State-Zip: MELBOURNE FL 32940-8200

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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: REBECCA ROWLETT A

Electronic Signature of Signing Authorized Person(s) Detail

ADMINISTRATOR

MELBOURNE FL 32940-8200

03/25/2024

FILED Mar 25, 2024

**Secretary of State** 

2580641037CC

Date