

2023 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:** No**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

01/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRESSMAN, SARA
Address 8240 DEVEREUX DRIVE
SUITE 100
City-State-Zip: MELBOURNE FL 32940-8200

Title CEO
Name HAMZAVI, BRIAN MD
Address 8240 DEVEREUX DR STE 100
City-State-Zip: MELBOURNE FL 32940-8200

Title MEDICAL DIRECTOR
Name ELDAIF, BASSEM MD
Address 8240 DEVEREUX DR STE 100
City-State-Zip: MELBOURNE FL 32940-8200

Title ADMINISTRATOR
Name ROWLETT, REBECCA D
Address 8240 DEVEREUX DR STE 100
City-State-Zip: MELBOURNE FL 32940-8200

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 D ROWLETT

ADMINISTRATOR

01/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date