

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000321000

**Entity Name:** AVENTURA MEDICAL TOWER SURGERY CENTER, LLC

**Current Principal Place of Business:**

2801 NE 213TH ST.  
AVENTURA, FL 33180

**Current Mailing Address:**

2801 NE 213TH ST.  
AVENTURA, FL 33180 US

**FEI Number: 87-1746405**

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name FULLER, ALEX  
Address 2801 NE 213TH ST.  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name HYDE, JONATHAN M.D.  
Address 2801 NE 213TH ST.  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name KUBAL, AARUP  
Address 2801 NE 213TH ST.  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name LAMBERT, NICK  
Address 2801 NE 213TH ST.  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name SPARKS, ANDREW  
Address 2801 NE 213TH ST.  
City-State-Zip: AVENTURA FL 33180

*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: NICK LAMBERT**

**MANGER**

**04/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date