

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000093742

Entity Name: SOUTH FLORIDA PREMIER SURGERY LLC

Current Principal Place of Business:

4801 LINTON BLVD. 10-A
DELRAY BEACH, FL 33445

Current Mailing Address:

17459 CIRCLE POND COURT
BOCA RATON, FL 33496 US

FEI Number: 99-1493813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A. ADAMS ESQ PLLC
4929 SW 74TH CT
1ST FL
MIAMI, FL 33155 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: MAX ADAMS

04/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HUS, NIR	Name	SIMON, JOSHUA
Address	17459 CIRCLE POND COURT	Address	389 E CANNERY ROW
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	DELRAY BEACH FL 33444

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: HUS , NIR

MGR

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date