

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000524463

Entity Name: SURGEONS HANDS LLC

Current Principal Place of Business:

225 E ROBINSON ST STE 542
ORLANDO, FL 32801

Current Mailing Address:

225 E ROBINSON ST STE 542
ORLANDO, FL 32801 US

FEI Number: 82-4950933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUIST, CHARLES ESQ
225 E ROBINSON ST STE 542
ORLANDO, FL 32801 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 AMBR
Name BUIST, CHARLES DMD
Address 5623 BOWMAN DR
City-State-Zip: ORLANDO FL 32801

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: CHARLES BUIST

AMBR

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date