

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003486

Entity Name: ASSOCIATES IN MEDICINE & SURGERY, LLC

Current Principal Place of Business:

8851 BOARDROOM CIRCLE
FT MYERS, FL 33919

Current Mailing Address:

8851 BOARDROOM CIRCLE
FT MYERS, FL 33919

FEI Number: 65-0895895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARARA, HUSNI A
8851 BOARDROOM CIRCLE
FT MYERS, FL 33919 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 MGRM
Name H.A. CHARARA
Address 8851 BOARDROOM CIRCLE
City-State-Zip: FORT MYERS FL 33919

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: H CHARARA

MMBR

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date