

**2023 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:**

TAX & FINANCIAL STRATEGISTS, LLC  
28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 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:** THOMAS WANDERON

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
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 A CHARARA

MGR

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date