

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003423

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**2784028772CC**

**Entity Name:** THORACIC SURGERY ASSOCIATES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

737 W OAK ST  
KISSIMMEE, FL 34741

**Current Mailing Address:**

737 W OAK ST  
KISSIMMEE, FL 34741 US

**FEI Number: 82-2519868**

**Certificate of Status Desired: No**

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

NUNEZ, REBECCA  
737 W OAK ST  
KISSIMMEE, FL 34741 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	Title	S
Name	NUNEZ, ANTHONY	Name	NUNEZ, REBECCA
Address	737 W OAK ST	Address	737 W OAK ST
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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: ANTHONY NUNEZ

MANAGER

02/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date