

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000012380

**Entity Name:** 32 SURGICAL, LLC

**Current Principal Place of Business:**

1115 AUDICE AVENUE  
APARTMENT 512  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1115 AUDICE AVENUE  
APARTMENT 512  
BOYNTON BEACH, FL 33426 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CARNEMOLLA, ANTHONY  
1115 AUDICE AVENUE  
APARTMENT 512  
BOYNTON BEACH, FL 33426 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 MGR  
Name CARNEMOLLA, ANTHONY  
Address 1115 AUDICE AVENUE  
APARTMENT 512  
City-State-Zip: BOYNTON BEACH FL 33426

Title MGR  
Name ARIETTA, AGUSTIN J  
Address 9100 SW 63 CT  
City-State-Zip: PINECREST FL 33156

Title MGR  
Name NALIPINSKI, MATTHEW J  
Address 2852 MISSION LN  
City-State-Zip: LIVERMORE CA 94550

*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 CARNEMOLLA

**AUTHORIZED  
REPRESENTATIVE**

**01/06/2022**

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

\_\_\_\_\_  
Date