

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000014647

Entity Name: GA SURGICALIST LLC

Current Principal Place of Business:

550 N. REO STREET STE 300
TAMPA, FL 33609

Current Mailing Address:

P.O. BOX 21647
TAMPA, FL 33622 US

FEI Number: 87-4553256

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIT DESAI, M.D.
550 N. REO STREET STE 300
TAMPA, FL 33609 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 DAVID TERRY, D.O.
Address 550 N. REO STREET STE 300
City-State-Zip: TAMPA FL 33609

Title MGR
Name MIT DESAI, M.D.
Address 550 N. REO STREET STE 300
City-State-Zip: TAMPA FL 33609

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: MIT DESAI, M.D.

MANAGER

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date