

**2024 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**

**03/16/2024**

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

\_\_\_\_\_  
Date