

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000225600

**Entity Name:** INSTITUTE FOR ADVANCED SURGERY TRAINING LLC

**Current Principal Place of Business:**

6810 N STATE RD7  
119  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6810 N STATE RD7  
119  
COCONUT CREEK, FL 33073 US

**FEI Number:** 88-2514161

**Certificate of Status Desired:** No

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

OPTION ONE ACCOUNTING INC  
6810 N STATE RD7  
COCONUT CREEK, FL 33073 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 AMBR  
Name GABRIEL BALDASSERINI GUIMARAES  
Address 6810 N STATE RD7  
119  
City-State-Zip: COCONUT CREEK FL 33073

*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:** GABRIEL BALDASSERINI GUIMARAES

AMBR

04/18/2023

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

\_\_\_\_\_  
Date