

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000377465

Entity Name: WINTER GARDEN SURGERY CENTER, LLC

Current Principal Place of Business:

15500 W. COLONIAL DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

1414 KUHL AVE
MP2
ORLANDO, FL 32806

FEI Number: 87-2451164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIKA, RYAN
207 W. GORE ST., SUITE 201
ORLANDO, FL 32806 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	OH AMBULATORY SERVICES MANAGEMENT, LLC	Name	OHE, GREG
Address	1414 KUHL AVE MP2	Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	LADD, JASON	Name	SEWELL, LANCE
Address	1414 KUHL AVE MP2	Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	HEETER, COLLEEN	Name	BRAHMBHATT MD, JAMIN
Address	1414 KUHL AVE MP2	Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	VARMA MD, AMIT	Name	SARANITA MD, ANTHONY
Address	1414 KUHL AVE MP2	Address	1414 KUHL AVE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

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: COLLEEN HEETER

AUTHORIZED REPRESENTATIVE

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date