

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000108956

**Entity Name:** PACAYA BAY SURGERY CENTER LLC

**Current Principal Place of Business:**

13981 MCGREGOR BLVD  
SUITE 102  
FORT MYERS, FL 33919

**Current Mailing Address:**

13981 MCGREGOR BLVD.  
SUITE 101  
FORT MYERS, FL 33919 US

**FEI Number:** 26-3709388

**Certificate of Status Desired:** No

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

RITROSKY, JOHN D  
13981 MCGREGOR BLVD  
SUITE 101  
FORT MYERS, FL 33919 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 RITROSKY, JOHN D  
Address 13981 MCGREGOR BLVD SUITE 101  
City-State-Zip: FT MYERS FL 33919

Title MGRM  
Name RITROSKY, STEVEN  
Address 13981 MCGREGOR BLVD SUITE 101  
City-State-Zip: FT MYERS FL 33919

*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:** JOHN D RITROSKY

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date