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

Electronic Signature of Signing Authorized Person(s) Detail

2024 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

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGRM
Name	RITROSKY, JOHN D	Name	RITROSKY, STEVEN
Address	13981 MCGREGOR BLVD SUITE 101	Address	13981 MCGREGOR BLVD SUITE 101
City-State-Zip:	FT MYERS FL 33919	City-State-Zip:	FT MYERS FL 33919

FILED Mar 26, 2024 Secretary of State 6273585414CC

Date

Date

Certificate of Status Desired: No

ont with all other like empowered.
OSKY MGR 03/26/2024