

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007539

**Entity Name:** ORLANDO ORTHOPAEDIC OUTPATIENT SURGERY CENTER, LLC**FILED**  
**Feb 03, 2025**  
**Secretary of State**  
**4727061308CC****Current Principal Place of Business:**45 W. CRYSTAL LAKE STREET  
STE. 300  
ORLANDO, FL 32806**Current Mailing Address:**45 W. CRYSTAL LAKE STREET  
STE. 300  
ORLANDO, FL 32806**FEI Number: 26-4122762****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCROGGINS, H. STACY  
1005 W. INDIANTOWN ROAD  
SUITE 101  
JUPITER, FL 33458 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	SCHWARTZBERG, RANDY SM.D.
Address	25 W. CRYSTAL LAKE STREET, STE. 200
City-State-Zip:	ORLANDO FL 32806

Title	MGR
Name	REUSS, BRYAN LM.D.
Address	25 W. CRYSTAL LAKE STREET, STE. 200
City-State-Zip:	ORLANDO FL 32806

Title	MGR
Name	WIERNIK, DANIEL LD.P.M.
Address	25 W. CRYSTAL LAKE STREET, STE. 200
City-State-Zip:	ORLANDO FL 32806

Title	MGR
Name	WEBER, STEVEN ED.O.
Address	25 W. CRYSTAL LAKE STREET, STE. 200
City-State-Zip:	ORLANDO FL 32806

Title	MGR
Name	CHRISTENSEN, ALAN WM.D.
Address	25 W. CRYSTAL LAKE STREET, STE. 200
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: SCHWARTZBERG, RANDY S MD****MGR****02/03/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date