

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000218704

Entity Name: WEST ORANGE SURGICAL CENTER, LLC

Current Principal Place of Business:

660 PALM SPRINGS DRIVE
SUITE B
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

660 PALM SPRINGS DRIVE
SUITE B
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 81-4684331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRICOLI LAW PLLC
2170 WEST STATE ROAD 434
SUITE 130
LONGWOOD, FL 32779 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: MICHAEL TRICOLI

04/16/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TRICOLI ENTERPRISES, LLC
Address 2170 WEST STATE ROAD 434
SUITE 130
City-State-Zip: LONGWOOD FL 32779

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: WILLIAM TRICOLI

MGR

04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date