

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000236425

**Entity Name:** SUMMERPORT SURGERY CENTER, LLC

**Current Principal Place of Business:**

1414 KUHL AVE  
MP2  
ORLANDO, FL 32806

**FILED**  
**May 26, 2020**  
**Secretary of State**  
**1003411846CC**

**Current Mailing Address:**

1414 KUHL AVE  
MP2  
ORLANDO, FL 32806 US

**FEI Number:** 37-1877771

**Certificate of Status Desired:** No

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

BEAM, MILDRED  
1414 KUHL AVE  
MP2  
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            PRESIDENT, AUTHORIZED MEMBER  
Name            MASTALI MD, REZA  
Address        1414 KUHL AVE  
City-State-Zip: ORLANDO FL 32806

Title            VP, AUTHORIZED MEMBER  
Name            RAMIREZ MD, HECTOR  
Address        1414 KUHL AVE  
City-State-Zip: ORLANDO FL 32806

Title            AUTHORIZED MEMBER  
Name            EDWARDS MD, TROY  
Address        1414 KUHL AVE  
City-State-Zip: ORLANDO FL 32806

Title            AUTHORIZED MEMBER  
Name            MARSH, MARK  
Address        1414 KUHL AVE  
                  MP2  
City-State-Zip: ORLANDO FL 32806

Title            AUTHORIZED MEMBER  
Name            OHE, GREG  
Address        1414 KUHL AVE  
                  MP2  
City-State-Zip: ORLANDO FL 32806

Title            AUTHORIZED MEMBER  
Name            DIEDRICH, JAN  
Address        1414 KUHL AVE  
                  MP2  
City-State-Zip: ORLANDO FL 32806

Title            MANAGER  
Name            OH AMBULATORY SERVICES  
                  MANAGEMENT, LLC  
Address        1414 KUHL AVE  
                  MP2  
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:** OH AMBULATORY SERVICES MANAGEMENT, LLC    MANAGER

**05/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date