

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000236425

FILED
Apr 30, 2025
Secretary of State
7037662182CC

Entity Name: SUMMERPORT SURGERY CENTER, LLC

Current Principal Place of Business:

5151 WINTER GARDEN VINELAND RD., SUITE 108
WINDERMERE, FL 34786

Current Mailing Address:

1414 KUHL AVE., MP 237
ORLANDO, FL 32806 US

FEI Number: 37-1877771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIKA, RYAN
207 W GORE ST., SUITE 201
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: RYAN ZIKA

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name ROSENBAUM, VIC
Address 1414 KUHL AVE
MP2
City-State-Zip: ORLANDO FL 32806

Title AUTHORIZED REPRESENTATIVE
Name GRIMBERG, ARTHUR
Address 1414 KUHL AVE
MP 237
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: MIRANDA ALVAREZ

PARALEGAL

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date