

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000236425

**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

04/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

04/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date