

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000145162

**Entity Name:** NORTH NAPLES SURGERY CENTER, LLC

**Current Principal Place of Business:**

4513 EXECUTIVE DRIVE  
301  
NAPLES, FL 34119

**Current Mailing Address:**

PO BOX 110820  
NAPLES, FL 34108 US

**FEI Number:** 84-2286561

**Certificate of Status Desired:** No

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

KORUNDA, ZDENKO  
4513 EXECUTIVE DRIVE  
NAPLES, FL 34119 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 KORUNDA, ZDENKO  
Address 4513 EXECUTIVE DRIVE  
City-State-Zip: NAPLES FL 34119

Title MBR  
Name FUCHS, SCOTT  
Address 4513 EXECUTIVE DR  
#301  
City-State-Zip: NAPLES FL 34119

Title MBR  
Name GHANTIWALA, VIDUR  
Address 4513 EXECUTIVE DR  
#301  
City-State-Zip: NAPLES FL 34119

*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:** ZDENKO KORUNDA

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date