

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000028080

**Entity Name:** HZ SURGERY CENTER LLC

**Current Principal Place of Business:**

7575 DR PHILLIPS BLVD  
SUITE 10  
ORLANDO, FL 32819

**Current Mailing Address:**

7575 DR PHILLIPS BLVD  
SUITE 10  
ORLANDO, FL 32819 US

**FEI Number:** 84-4580635

**Certificate of Status Desired:** No

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

MUZZONIGRO, GARY PATRICK JR.  
7575 DR PHILLIPS BLVD  
SUITE 10  
ORLANDO, FL 32819 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:** GARY PATRICK MUZZONIGRO JR

05/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name MUZZONIGRO, GARY PATRICK JR  
Address 15784 SWEET LIMETTA DR  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name ZEKIROVSKI, HARUN DO  
Address 7617 TOSCANA BLVD  
City-State-Zip: ORLANDO FL 32819

*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:** GARY MUZZONIGRO JR.

P

05/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date