

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000028080

Entity Name: HZ SURGERY CENTER LLC

Current Principal Place of Business:

201 MAITLAND AVE
STE 1017
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

201 MAITLAND AVE
STE 1017
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 84-4580635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUZZONIGRO, GARY PATRICK JR.
201 MAITLAND AVE
STE 1017
ALTAMONTE SPRINGS, FL 32701 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

04/21/2025

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 PATRICK MUZZONIGRO JR.

CEO

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date