

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000188455

Entity Name: JEWETT ORTHOPEDIC INSTITUTE SURGERY CENTER, LLC**Current Principal Place of Business:**60 COLUMBIA STREET
ORLANDO, FL 32806**Current Mailing Address:**1414 KUHL AVENUE
MP2
ORLANDO, FL 32806**FEI Number:** 87-2667237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN W
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	HEALTHNET SERVICES, INC.	Name	OHE, GREG
Address	1414 KUHL AVENUE	Address	1414 KUHL AVENUE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MILLER, JOHN	Name	CARRASCO, CARLOS
Address	1414 KUHL AVENUE MP2	Address	1414 KUHL AVENUE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DEREN, JEFFREY MD	Name	EBAUGH, MICHAEL MD
Address	1414 KUHL AVENUE MP2	Address	1414 KUHL AVENUE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	JABLONSKI, MICHAEL MD	Name	KUPISZEWSKI, STANLEY MD
Address	1414 KUHL AVENUE MP2	Address	1414 KUHL AVENUE MP2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

Continues on page 2

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: JOHN MILLER**AUTHORIZED MEMBER****01/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name MCFADDEN, SEAN MD
Address 1414 KUHL AVENUE
MP2
City-State-Zip: ORLANDO FL 32806

Title AUTHORIZED MEMBER
Name MINTZER, CRAIG MD
Address 1414 KUHL AVENUE
MP2
City-State-Zip: ORLANDO FL 32806