2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2025
Secretary of State
5441631347CC

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Entity Name: JEWETT ORTHOPEDIC INSTITUTE SURGERY CENTER, LLC

Current Principal Place of Business:

60 COLUMBIA STREET
SUITE 200
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
Name	HEALTHNET SERVICES, INC.
Address	1414 KUHL AVENUE
City-State-Zip:	ORLANDO FL 32806

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

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

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

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

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

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

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

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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

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

Title	AUTHORIZED MEMBER
Name	HAKIM, MD, JAMAL
Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806

Title	AUTHORIZED MEMBER
Name	HAWKINS, ERICK
Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806