

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000457336

Entity Name: ORANGE AVENUE SURGERY CENTER, LLC

Current Principal Place of Business:

1405 S. ORANGE AVENUE, SUITE 120
ORLANDO, FL 32806

Current Mailing Address:

102 W. PINELOCH AVE., SUITE 23
ORLANDO, FL 32806 US

FEI Number: 87-3257002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIKA, RYAN
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: MANAGER
Name: OH AMBULATORY SERVICES
MANAGEMENT, LLC
Address: 1414 KUHL AVE.
City-State-Zip: ORLANDO FL 32806

Title: AUTHORIZED REPRESENTATIVE
Name: HEETER, COLLEEN
Address: 1414 KUHL AVE., MP 2
City-State-Zip: ORLANDO FL 32806

Title: AUTHORIZED REPRESENTATIVE
Name: OHE, GREG
Address: 1414 KUHL AVE., MP 2
City-State-Zip: ORLANDO FL 32806

Title: AUTHORIZED REPRESENTATIVE
Name: NICHOLS, CYNTHIA
Address: 1414 KUHL AVE., MP2
City-State-Zip: ORLANDO FL 32806

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: ASHLYN BURKET

**DIRECTOR, LEGAL
OPERATIONS AND
CORPORATE
GOVERNANCE**

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date