

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005515

**Entity Name:** ORANGE CITY SURGICAL, LLC

**Current Principal Place of Business:**

1053 MEDICAL CENTER DR SUITE 201  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1053 MEDICAL CENTER DR SUITE 201  
ORANGE CITY, FL 32763 US

**FEI Number:** 20-8105013

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MICHEALENA GRANGRUTH

01/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOLLMANN, MARK W  
Address 740 W PLYMOUTH AVE  
City-State-Zip: DELAND FL 32720

Title AUTHORIZED REPRESENTATIVE  
Name HENSHAW, AMANDA  
Address 1053 MEDICAL CENTER DR SUITE 201  
City-State-Zip: ORANGE CITY FL 32763

*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:** AMANDA HENSHAW

**ADMINISTRATOR**

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date