

2025 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: No

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

02/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	HOLLMANN, MARK W	Name	HENSHAW, AMANDA
Address	740 W PLYMOUTH AVE	Address	1053 MEDICAL CENTER DR SUITE 201
City-State-Zip:	DELAND FL 32720	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

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date