

2015 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

FEI Number: 20-8105013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANGRUTH, MICHEALENA
1053 MEDICAL CENTER DR SUITE 201
ORANGE CITY, FL 32763 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

04/30/2015

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

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: MARK W. HOLLMANN

MGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date