

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000136732

Entity Name: PORT ORANGE ENDOSCOPY & SURGERY CENTER, LLC

Current Principal Place of Business:

550 MEMORIAL CIRCLE, SUITE G
ORMOND BEACH, FL 32174

Current Mailing Address:

550 MEMORIAL CIRCLE, SUITE G
ORMOND BEACH, FL 32174 US

FEI Number: 20-1388947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 MGRP
Name MORRIS, SHYROLL
Address 550 MEMORIAL CIRCLE, SUITE G
City-State-Zip: ORMOND BEACH FL 32174

Title MGRV
Name WEIS, DAVID
Address 550 MEMORIAL CIRCLE, SUITE G
City-State-Zip: ORMOND BEACH FL 32174

Title MGRT
Name DOMAYER, CORY
Address 550 MEMORIAL CIRCLE, SUITE G
City-State-Zip: ORMOND BEACH FL 32174

Title MGRC
Name THOMAS, DEBORA
Address 550 MEMORIAL CIRCLE, SUITE G
City-State-Zip: ORMOND BEACH FL 32174

Title S
Name THOMAS, DEBORA
Address 550 MEMORIAL CIRCLE, SUITE G
City-State-Zip: ORMOND BEACH FL 32174

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: DEBORAH THOMAS

SECRETARY

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date