

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126149

**Entity Name:** BADIA HAND TO SHOULDER, LLC

**Current Principal Place of Business:**

ALEJANDRO BADIA, M.D.  
3650 NW 82ND AVE.  
DORAL, FL 33166

**Current Mailing Address:**

ALEJANDRO BADIA, M.D.  
3650 NW 82ND AVE.  
DORAL, FL 33166 US

**FEI Number:** 26-1642118

**Certificate of Status Desired:** No

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

LALCHANDANI SIMON PL  
25 SE 2ND AVE  
SUITE 1020  
MIAMI, FL 33131 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 MGRM  
Name BADIA, ALEJANDRO M.D.  
Address 1278 S. VENETIAN WAY  
City-State-Zip: MIAMI FL 33139

*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:** ALEJANDRO BADIA

MGR

02/21/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date