

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127447

Entity Name: ADVANCED ORTHOPEDICS & PAIN MANAGEMENT, P.L.

Current Principal Place of Business:

2401 FRIST BLVD.
SUITE 7
FT PIERCE, FL 34950

Current Mailing Address:

2401 FRIST BLVD.
SUITE 7
FT PIERCE, FL 34950 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN, SCOTT
2401 FRIST BLVD
SUITE 7
FT PIERCE, FL 34950 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 MGR
Name KATZMAN ARMS, ANTIQUES AND
FURNISHINGS LLC
Address 2401 FRIST BLVD
SUITE 7
City-State-Zip: FT PIERCE FL 34950

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: NEAL LECHTNER

AGENT

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date