

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000149658

**Entity Name:** ALLEGIANCE ORTHOPAEDIC & SPINE INSTITUTE PLLC

**Current Principal Place of Business:**

190 CONGRESS PARK DR.  
SUITE 160  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

190 CONGRESS PARK DR.  
SUITE 160  
DELRAY BEACH, FL 33445 US

**FEI Number:** 46-3948785

**Certificate of Status Desired:** No

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

BAKER, JOHN E  
190 CONGRESS PARK DR.  
SUITE 160  
DELRAY BEACH, FL 33445 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 BAKER, JOHN E  
Address 190 CONGRESS PARK DR.  
SUITE 160  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JOHN BAKER E

MGR

03/25/2018

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

\_\_\_\_\_  
Date