

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162310

**Entity Name:** ORTHOPEDIC CONSULTING DYNAMICS, LLC

**Current Principal Place of Business:**

200 GRACE STREET  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

200 GRACE STREET  
P.O. BOX 1120  
CRYSTAL BEACH, FL 34681 US

**FEI Number:** 46-4711212

**Certificate of Status Desired:** No

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

HINES, JAMES P  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 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           MANAGER  
Name           SULLIVAN, JOHN G DR.  
Address        307 LAKEVIEW DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

*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 G SULLIVAN MD

**MANAGER**

**02/07/2019**

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

\_\_\_\_\_  
Date