

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000128898

Entity Name: DELRAY SPINAL CARE CENTER LLC

Current Principal Place of Business:

3185 S FEDERAL HWY
DELRAY BEACH, FL 33483

Current Mailing Address:

1481 S MILITARY TRL
7
WEST PALM BEACH, FL 33415 US

FEI Number: 47-5473622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZEPHIRIN, JUDITH DC
15145 GOLDFINCH CIR
WESTLAKE , FL 33470 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 DR
Name ZEPHIRIN, JUDITH
Address 15145 GOLDFINCH CIR
City-State-Zip: WESTLAKE FL 33470

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: JUDITH ZEPHIRIN

CLINICAL DIRECTOR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date