

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000166522

Entity Name: FLORIDA ORTHO ER, LLC.

Current Principal Place of Business:

3607 ALOMA AVE.
SUITE 1081
ORLANDO, FL 32765

Current Mailing Address:

3607 ALOMA AVE
SUITE 1081
ORLANDO, FL 32765 US

FEI Number: 47-5390591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLO & MARTINEZ, PLLC.
2850 DOUGLAS ROAD
SUITE 303
CORAL GABLES, FL 33134 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 MONGIOVI, LINDA M
Address 1536 PLANTATION POINT DR
City-State-Zip: ORLANDO FL 32824

Title MANAGER
Name CUBILLAN, JUAN CARLOS DR.
Address 1536 PLANTAION POINTE DR.
City-State-Zip: ORLANDO FL 32824

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: JUAN CARLOS MORENO CUBILLAN

MANAGER

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date