

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199264

**Entity Name:** REGAIN ORTHOCARE LLC

**Current Principal Place of Business:**

941 W MORSE BLVD  
STE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

4409 HOFFNER AVE  
STE 312  
ORLANDO, FL 32812 US

**FEI Number:** 85-2994875

**Certificate of Status Desired:** No

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

DE ARRIGOITIA CPA LLC  
4555 HOFFNER AVENUE  
ORLANDO, FL 32812 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:** JILLIAN SMITH

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDSTEIN, BRADLEY  
Address 941 W MORSE BLVD  
STE 100  
City-State-Zip: WINTER PARK FL 32789

*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: BY:** BRADLEY GOLDSTEIN

MGR

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date