

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000199264

Entity Name: RESTORATIVE NONSURGICAL ORTHOPEDICS AND SPINE, LLC

FILED
Apr 08, 2016
Secretary of State
CC5836676987

Current Principal Place of Business:

1181 SOUTH SUMTER BLVD
SUITE 126
NORTH PORT, FL 34287

Current Mailing Address:

1181 SOUTH SUMTER BLVD
SUITE 126
NORTH PORT, FL 34287 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSTEIN, BRADLEY
1181 SOUTH SUMTER BLVD
SUITE 126
NORTH PORT, FL 34287 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 GOLDSTEIN, BRADLEY
Address 1181 SOUTH SUMTER BLVD SUITE 126
City-State-Zip: NORTH PORT FL 34287

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: BRADLEY GOLDSTEIN

MGR

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date