

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000009467

Entity Name: CALCANEAL FRACTURE SOLUTIONS, LLC

Current Principal Place of Business:

1514 VICTORIA ISLE WAY
WESTON, FL 33327

Current Mailing Address:

1514 VICTORIA ISLE WAY
WESTON, FL 33327 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISINGER BROWN LEWIS FRANKEL & CHAIET PA
ATTN: DENNIS J. EISINGER, ESQ.
4000 HOLLYWOOD BLVD, STE 265-S
HOLLYWOOD, FL 33021 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 STEINLAUF, STEVEN MD
Address 4700 SHERIDAN STREET, SUITE H
City-State-Zip: HOLLYWOOD FL 33021

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: STEVEN DAVID STEINLAUF

MANAGER

02/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date