

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044391

**Entity Name:** TYRANCE ORTHOPEDICS & SPORTS MEDICINE, PLLC

**Current Principal Place of Business:**

305 NE 2ND AVENUE  
SUITE 86  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

305 NE 2ND AVE  
P.O. BOX 86  
DELRAY BEACH, FL 33444 US

**FEI Number:** 82-4769740

**Certificate of Status Desired:** No

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

JOEL FRIEND AND ASSOCIATES, INC.  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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:** JOEL FRIEND

03/11/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TYRANCE, PATRICK H JR.  
Address 305 NE 2ND AVE  
SUITE 86  
City-State-Zip: DELRAY BEACH FL 33444

*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:** PATRICK TYRANCE

MGR

03/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date