

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000259902

Entity Name: JOINT REPLACEMENT CIN OF NAPLES, LLC

Current Principal Place of Business:

8831 BUSINESS PARK DRIVE
SUITE 301 B
FORT MYERS, FL 33912

Current Mailing Address:

8831 BUSINESS PARK DRIVE
SUITE 301 B
FORT MYERS, FL 33912 US

FEI Number: 82-4197261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: GRACE E. KIRBY

02/22/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|------------------------------|-----------------|--------------------------------|
| Title | MANAGING MEMBER | Title | AUTHORIZED REPRESENTATIVE |
| Name | CARE OF FL MSO, LLC | Name | HANNON, JOHN |
| Address | 1301 RIVERPLACE BLVD STE 800 | Address | 102 WOODMONT BLVD SUITE 350 |
| City-State-Zip: | JACKSONVILLE FL 32207 | City-State-Zip: | NASHVILLE TN 37205 |

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: JOHN HANNON

AUTHORIZED PERSON

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date