

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000168281

**Entity Name:** MIAMI ORTHOPAEDIC AND SPINE INSTITUTE LLC

**Current Principal Place of Business:**

3659 SOUTH MIAMI AVE STE 4002  
MIAMI, FL 33133

**Current Mailing Address:**

3659 SOUTH MIAMI AVE STE 4002  
MIAMI, FL 33133

**FEI Number: 84-2361504**

**Certificate of Status Desired: No**

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

JONATHAN , GOTTLIEB R.  
3659 SOUTH MIAMI AVE STE 4002  
MIAMI, FL 33133 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: JONATHAN R. GOTTLIEB**

**02/07/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JONATHAN GOTTLIEB, MD PA  
Address 3659 SOUTH MIAMI AVE STE 4002  
City-State-Zip: MIAMI FL 33133

*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: JONATHAN ROBERT GOTTLIEB**

**CEO**

**02/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date