

2020 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

02/28/2020

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 R. GOTTLIEB

MGR.

02/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date