

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000019074

**Entity Name:** ORTHOCARE FLORIDA HOLDINGS, LLC**Current Principal Place of Business:**4600 4TH ST NORTH  
ST. PETERSBURG, FL 33703**Current Mailing Address:**4600 4TH ST NORTH  
ST. PETERSBURG, FL 33703 US**FEI Number: 84-4877776****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODWIN, JAMES W  
201 N FRANKLIN ST STE 2000  
TAMPA, FL 33602 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	HIRSHORN, KURT
Address	4600 4TH ST NORTH
City-State-Zip:	ST. PETERSBURG FL 33703

Title	MGR
Name	CHOI, SANG
Address	3890 TAMPA RD #202
City-State-Zip:	PALM HARBOR FL 34684

Title	MGR
Name	MARCOTTE, ANTHONY
Address	1011 JEFFORDS ST STE C
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	LOPEZ, PETER
Address	721 W ROBERTSON ST STE 102
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	COOPER, ANDREW
Address	430 MORTON PLANT ST STE 301
City-State-Zip:	CLEARWATER FL 33756

*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: KURT HIRSHORN****MANAGER****02/12/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date