

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093600

**Entity Name:** SOUTH FLORIDA WALK IN ORTHOPEDICS AND SPORTS  
MEDICINE LLC

**Current Principal Place of Business:**

11050 GRIFFIN ROAD  
COOPER CITY, FL 33330

**Current Mailing Address:**

11050 GRIFFIN ROAD  
COOPER CITY, FL 33330 US

**FEI Number: 85-1699468**

**Certificate of Status Desired: No**

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

MORALES, FABIAN V  
5966 SOUTH DIXIE HIGHWAY  
401  
MIAMI, FL 33143 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	Title	MGR
Name	MORALES, FABIAN V	Name	ROSSELLI, MICHAEL
Address	7945 NW 105TH COURT	Address	100 MERIDIAN AVE. UNIT 226
City-State-Zip:	DORAL FL 33178	City-State-Zip:	MIAMI BEACH FL 33139

*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: FABIAN MORALES, MD**

**MGR**

**01/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date