

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000112318

Entity Name: ADM ORTHOPAEDICS, PLLC

Current Principal Place of Business:

930 S HARBOR CITY BLVD #100
MELBOURNE, FL 32901

Current Mailing Address:

930 S HARBOR CITY BLVD #100
MELBOURNE, FL 32901-1901 US

FEI Number: 85-0890933

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STUDENBERG, GANON J. ESQ.
1119 PALMETTO AVE.
MELBOURNE, FL 32901 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 WADE, ALLISON
Address 930 S HARBOR CITY BLVD #100
City-State-Zip: MELBOURNE FL 32901

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: ALLISON WADE MD

OWNER

01/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date