

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000377881

**Entity Name:** JAC SURGICAL SOLUTIONS LLC

**Current Principal Place of Business:**

3049 NW RADCLIFFE WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

3049 NW RADCLIFFE WAY  
PALM CITY, FL 34990 US

**FEI Number:** 85-4250405

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AMBR  
Name CERMINARA, ANTHONY  
Address 3049 NW RADCLIFFE WAY  
City-State-Zip: PALM CITY FL 34990

*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:** ANTHONY CERMINARA

04/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date