

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000381701

Entity Name: ACME SPINE & ORTHOPEDICS LLC

Current Principal Place of Business:

626/628 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

255 WHEELHOUSE LANE
APT. 343
LAKE MARY, FL 32746 US

FEI Number: 87-2344409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYD, LEAH
182 BRUSHCREEK DRIVE
SANFORD, FL 32771 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 THOMAS, MICHAEL
Address 641 MANOR ROAD
City-State-Zip: MAITLAND FL 32751

Title AMBR
Name BOYD, LEAH
Address 255 WHEELHOUSE LANE
APT. 343
City-State-Zip: LAKE MARY FL 32746

Title MGR
Name SCHAPIRO, BARRY
Address 6923 NW 116TH AVE
City-State-Zip: PARKLAND FL 33076

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: BOYD, LEAH

MANAGER

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date