

**2024 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

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date