

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000278774

**Entity Name:** CAPITAL ORTHOPAEDICS + SPINE, LLC

**Current Principal Place of Business:**

4362 NORTHLAKE BLVD  
SUITE 209  
PALM BEACH GARDNES, FL 33410

**Current Mailing Address:**

4362 NORTHLAKE BLVD  
SUITE 209  
PALM BEACH GARDNES, FL 33410 US

**FEI Number:** 88-2868222

**Certificate of Status Desired:** No

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

BLUE LINE CAPITAL ADVISORS  
2401 PGA BLVD.  
SUITE 280-Q  
PALM BEACH GARDENS, FL 33410 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 AR  
Name MORGAN, ASHLEY M  
Address 4374 DAWN RIDGE STREET  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** ASHLEY M MORGAN

**ADMINISTRATOR**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date