2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
4056263233CC

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Entity Name: ARTHRITIS AND OSTEOPOROSIS CENTER, LLC

Current Principal Place of Business:

3301 SW 34TH CIRCLE SUITE 101,
OCALA, FL 34474

Current Mailing Address:

3301 SW 34TH CIRCLE SUITE 101,
OCALA, FL 34474 US

FEI Number: 88-3266112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTINE CONNOR
3301 SW 34TH CIRCLE SUITE 101,
OCALA, FL 34474 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	MBR	Title	P
Name	JUAN CARLOS BUSTILLO	Name	JUAN CARLOS BUSTILLO
Address	3301 SW 34TH CIRCLE SUITE 101,	Address	3301 SW 34TH CIRCLE SUITE 101,
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

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: CHRISTINE CONNOR — PRACTICE ADMINISTRATOR — 02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date