

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000351030

Entity Name: PALM BEACH SPINE & ORTHOPEDIC LLC

Current Principal Place of Business:

416 NORTHLAKE CT #10
NORTH PALM BEACH, FL 33408

Current Mailing Address:

416 NORTHLAKE CT #10
NORTH PALM BEACH, FL 33408 US

FEI Number: 88-3576089

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MANNO, MICHAEL
416 NORTHLAKE CT #10
NORTH PALM BEACH, FL 33408 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 MANNO, MICHAEL
Address 416 NORTHLAKE CT #10
City-State-Zip: NORTH PALM BEACH FL 33408

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: MICHAEL MANNO

MEMBER

02/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date