

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000607

**Entity Name:** THE GAINESVILLE FL ORTHOPAEDIC ASC, LLC

**Current Principal Place of Business:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215 US

**FEI Number:** 20-0603370

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           ALBRECHT, ERIC  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           MANAGER  
Name           ANTONY, AJAY  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           MANAGER  
Name           SMITH FILER, LAURA  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           MANAGER  
Name           ALTBUCH, TRISTAN  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

*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:** ERIC ALBRECHT

**MANAGER**

**04/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date