

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -8 AM 10:30

DOCUMENT # L02000029332

1. Entity Name
ORTHOPEDIX NETWORK SOLUTIONS OF FLORIDA, LLC



Principal Place of Business
1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US

Mailing Address
1575 SAN IGNACIO AVENUE
STE. PH
CORAL GABLES, FL 33146 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
22-3880498

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METSCH, BENJAMIN
1455 N.W. 14TH STREET
MIAMI, FL 33125

Name
DENES, GREG

Street Address (P.O. Box Number is Not Acceptable)

14255 U.S. Highway One, Ste. 243

City
Juno Beach

FL

Zip Code
33408

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CANTILLO, JULIAN G
1575 SAN IGNACIO AVENUE, STE. PH
MIAMI, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305
970-0443