

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000026858

**Entity Name:** JOINT VENTURE ORTHOPEDICS, INC.

**Current Principal Place of Business:**

11657 ELLISON WILSON RD  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11657 ELLISON WILSON RD  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 04-3616824

**Certificate of Status Desired:** No

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

DYER, BONNY S  
11657 ELLISON WILSON RD  
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

**Officer/Director Detail :**

Title PVT  
Name DYER, BONNY SUE  
Address 11657 ELLISON WILSON RD  
City-State-Zip: NORTH PALM BEACH FL 33408

Title ASST. SECRETARY  
Name DYER III, LAWRENCE PAUL  
Address 11657 ELLISON WILSON RD  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONNY SUE DYER

**PRESIDENT**

**02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date