

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000007069

Entity Name: MYORTHOSPINEMD, P.C.

Current Principal Place of Business:

3280 POINTE PARKWAY
SUITE 2550
NORCROSS, GA 30092

Current Mailing Address:

3280 POINTE PARKWAY
SUITE 2550
NORCROSS, GA 30092 US

FEI Number: 87-4795566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name JIMENEZ, MIGUEL MD
Address 3280 POINTE PARKWAY SUITE 2550
City-State-Zip: NORCROSS GA 30092

Title TR
Name JIMENEZ , MIGUEL MD
Address 3280 POINTE PARKWAY SUITE 2550
City-State-Zip: NORCROSS GA 30092

Title SEC
Name HERRIN, BARRY
Address 5555 GLENRIDGE CONNECTOR SUITE
200
City-State-Zip: ATLANTA GA 30342

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: MIGUEL JIMENEZ

CEO

03/24/2025

Electronic Signature of Signing Officer/Director Detail

Date