2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2023
Secretary of State
5599742350CC

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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: APPLIED FOR

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	Title	TR
Name	JIMENEZ, MIGUEL MD	Name	JIMEMZ, MIGUEL MD
Address	3280 POINTE PARKWAY SUITE 2550	Address	3280 POINTE PARKWAY SUITE 2550
City-State-Zip:	NORCROSS GA 30092	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: BARRY S HERRIN SECRETARY 02/28/2023

Electronic Signature of Signing Officer/Director Detail — Date