### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026918

Entity Name: JUPITER ORTHOPAEDIC PARTNERS, LLC

inity Name. JOFFIER ORTHOFALDIC FARTNERS

### **Current Principal Place of Business:**

601 UNIVERSITY BOULEVARD SUITE 104 JUPITER, FL 33458

## **Current Mailing Address:**

601 UNIVERSITY BOULEVARD SUITE 104 JUPITER, FL 33458

FEI Number: 02-0772959 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

RONDON, DAVID SDR 601 UNIVERSITY BOULEVARD, SUITE 104 JUPITER, FL 33458 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:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

601 UNIVERSITY BOULEVARD SUITE

FILED Mar 31, 2014

**Secretary of State** 

CC7784839032

# Authorized Person(s) Detail:

Title DR.

**601 UNIVERSITY** 

R. Title DR.

Name RONDON,DAVID,, MD Name GORMAN, RICHARD AMD.

BOULEVARD,SUITE104

JUPITER, FL 33458 City-State-Zip: JUPITER, FL 33458

Address

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: RONDON, DAVID, MD

**DOCTOR** 

03/31/2014