

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058248

Entity Name: NORTH ORLANDO SPINE CENTER, LLC

Current Principal Place of Business:

2160 W SR 434
SUITE 108
LONGWOOD, FL 32779

Current Mailing Address:

2160 W SR 434
SUITE 108
LONGWOOD, FL 32779 US

FEI Number: 37-1584924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INGRANDO, NICOLE L DR.
2160 W SR 434
SUITE 108
LONGWOOD, FL 32779 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: NICOLE L. INGRANDO

01/25/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name INGRANDO, NICOLE L DR.
Address 2160 W SR 434
SUITE 108
City-State-Zip: LONGWOOD FL 32779

Title MGRM
Name CONNELLY, AMANDA B DR.
Address 2160 W SR 434
SUITE 108
City-State-Zip: LONGWOOD FL 32779

Title MANAGER
Name INGRANDO, VINCENT MICHAEL
Address 2160 W SR 434
SUITE 108
City-State-Zip: LONGWOOD FL 32779

Title AMBR
Name PROCTOR, AARON DC
Address 2160 W SR 434 #108
City-State-Zip: LONGWOOD FL 32779

Title AMBR
Name SPROAT, ADAM
Address 2160 W SR 434
SUITE 108
City-State-Zip: LONGWOOD FL 32779

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: VINCENT M INGRANDO

MANAGER

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date