

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000066934

Entity Name: ORTHOPEDIC & SPINE INSTITUTE LLC

Current Principal Place of Business:

1515 N FEDERAL HIGHWAY
SUITE 305
BOCA RATON, FL 33432

Current Mailing Address:

1515 N FEDERAL HIGHWAY
SUITE 305
BOCA RATON, FL 33432 US

FEI Number: 46-0813197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PPMS
1515 N FEDERAL HIGHWAY
SUITE 305
BOCA RATON, FL 33432 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: GARY BROWN

09/08/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BROWN, GARY
Address 1515 N FEDERAL HIGHWAY
SUITE 305
City-State-Zip: BOCA RATON FL 33432

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: GARY BROWN

MANAGER

09/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date