

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000054971

Entity Name: ORTHO-ONE, LLC

Current Principal Place of Business:

1045 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

1045 RIVERSIDE AVE
JACKSONVILLE, FL 32204

FEI Number: 46-4665153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKSTON, JEFFREY S ESQ
2215 S THIRD ST SUITE 103
JACKSONVILLE BEACH, FL 32250 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

Authorized Person(s) Detail :

Title AMBR
Name EL-BAHRI, FADY
Address 1045 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

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: EL-BAHRI, FADY

AMBR

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date