

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000011174

Entity Name: OAKLAND ORTHOPEDICS AND SPORTS MEDICINE, LLC

Current Principal Place of Business:

150 SW 12TH AVENUE
SUITE 440
POMPANO BEACH, FL 33069

Current Mailing Address:

PO BOX 50010
LIGHTHOUSE POINT, FL 33074 US

FEI Number: 47-2938165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC
7901 4TH STREET N
STE 300
ST. PETERSBURG, FL 33702 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: TAYLOR NEWMAN

03/27/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name AMERICAN MEDICAL
ADMINISTRATIVE SERVICES, LLC
Address 2091 NE 36TH STREET
STE 50010
City-State-Zip: LIGHTHOUSE POINT FL 33074

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: AMERICAN MEDICAL ADMINISTRATIVE SERVICES, LLC AUTHORIZED REPRESENTATIVE

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date