

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000190565

Entity Name: NEW REGENERATION ORTHOPEDICS OF FLORIDA, PLLC

Current Principal Place of Business:

2401 UNIVERSITY PARKWAY
SUITE 104
SARASOTA, FL 34243

Current Mailing Address:

2401 UNIVERSITY PARKWAY
SUITE 104
SARASOTA, FL 34243 US

FEI Number: 47-5630683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
1858 RINGLING BOULEVARD, SUITE 300
SARASOTA, FL 34236 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 LEIBER, JAMES D D.O.
Address 2401 UNIVERSITY PARKWAY
 SUITE 104
City-State-Zip: SARASOTA FL 34243

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: JAMES D. LEIBER

AUTHORIZED MEMBER

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date