

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000190565

Entity Name: NEW REGENERATION ORTHOPEDICS OF FLORIDA, PLLC

Current Principal Place of Business:

8614 EAST STATE ROAD 70
SUITE 104
BRADENTON, FL 34202

Current Mailing Address:

8614 EAST STATE ROAD 70
SUITE 104
BRADENTON, FL 34202 US

FEI Number: 47-5630683

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N WASHINGTON BLVD, STE 1
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 8614 EAST STATE ROAD 70
 SUITE 104
City-State-Zip: BRADENTON FL 34202

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 DO

MEDICAL DIRECTOR

02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date