

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000025076

**Entity Name:** FLORIDA ORTHOPEDIC CONSLUTANTS, LLC

**Current Principal Place of Business:**

4514 SE 14TH ST  
OCALA, FL 34471

**Current Mailing Address:**

4514 SE 14TH ST  
OCALA, FL 34471 US

**FEI Number: 81-1330340**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAIER, DOUG I  
4514 SE 14TH ST  
OCALA, FL 34471 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            MAIER, DOUG  
Address        4514 SE 14TH ST  
City-State-Zip: Ocala FL 34471

*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: DOUG MAIER**

**MEMBER**

**01/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date