

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000217635

Entity Name: FLORIDA BONE AND JOINT SPECIALISTS, LLC**Current Principal Place of Business:**1040 GULF BREEZE PARKWAY, SUITE 200
GULF BREEZE, FL 32561**Current Mailing Address:**1040 GULF BREEZE PARKWAY, SUITE 200
GULF BREEZE, FL 32561 US**FEI Number: 81-4567713****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HIGHTOWER LAW FIRM
119 NORTH PALAFOX STREET
PENSACOLA, FL 32502 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 COLEMAN, ALEXANDER M.D.
Address 1040 GULF BREEZE PARKWAY, SUITE 200
City-State-Zip: GULF BREEZE FL 32561

Title AMBR
Name KRONLAGE, STEVEN M.D.
Address 1040 GULF BREEZE PARKWAY, SUITE 200
City-State-Zip: GULF BREEZE FL 32561

Title AMBR
Name NILSEN, ERIK M.D.
Address 1040 GULF BREEZE PARKWAY, SUITE 200
City-State-Zip: GULF BREEZE FL 32561

Title AMBR
Name O'GRADY, CHRISTOPHER M.D.
Address 1040 GULF BREEZE PARKWAY, SUITE 200
City-State-Zip: GULF BREEZE FL 32561

Title AMBR
Name OSTRANDER, ROGER M.D.
Address 1040 GULF BREEZE PARKWAY, SUITE 200
City-State-Zip: GULF BREEZE FL 32561

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: CHRISTOPHER O'GRADY**MEMBER****01/17/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date