

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259902

**Entity Name:** JOINT REPLACEMENT CIN OF NAPLES, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD STE 800  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

102 WOODMONT BLVD STE 350  
NASHVILLE, TN 37205 US

**FEI Number: 82-4197261**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            JOINT REPLACEMENT CIN OF  
                  NAPLES MSO LLC  
Address        1301 RIVERPLACE BLVD STE 800  
City-State-Zip: JACKSONVILLE FL 32207

*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: EDWARD EADIE**

**DIRECTOR OF  
COMPLIANCE**

**06/28/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date