

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000259902

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

**Current Principal Place of Business:**

8831 BUSINESS PARK DRIVE  
SUITE 301 B  
FORT MYERS, FL 33912

**Current Mailing Address:**

8831 BUSINESS PARK DRIVE  
SUITE 301 B  
FORT MYERS, FL 33912 US

**FEI Number:** 82-4197261

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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:** GRACE E. KIRBY

03/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	SENIOR VICE PRESIDENT
Name	CARE OF FL MSO, LLC	Name	HANNON, JOHN
Address	1301 RIVERPLACE BLVD SUITE 800	Address	102 WOODMONT BLVD SUITE 350
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	NASHVILLE TN 37205

*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:** JOHN HANNON

SENIOR VICE PRESIDENT 03/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date