

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000019962

Entity Name: SOUTHERN ORTHOPEDIC SPINE SURGERY LLC

Current Principal Place of Business:

3110 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

Current Mailing Address:

3110 COUNTRY CLUB DR
LYNN HAVEN, FL 32444

FEI Number: 82-4182195

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GAISER, CORY
3110 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444 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 MGR
Name GAISER, CORY
Address 3110 COUNTRY CLUB DR.
City-State-Zip: LYNN HAVEN FL 32444

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: CORY GAISER

MANAGER

06/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date