

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000133110

**Entity Name:** OSTEOPASC, LLC

**Current Principal Place of Business:**

2202 N WESTSHORE BLVD  
SUITE 140  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N WESTSHORE BLVD  
SUITE 140  
TAMPA, FL 33607 US

**FEI Number:** 52-3864933

**Certificate of Status Desired:** No

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

DIMARCO & ASSOCIATES, CPAS, PA  
220 PINE AVE N  
SUITE A  
OLDSMAR, FL 34677 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            DEAN, ROBERT  
Address        2202 N WESTSHORE BLVD  
                  SUITE 140  
City-State-Zip: TAMPA FL 33607

*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:** ROBERT DEAN

04/29/2019

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

\_\_\_\_\_  
Date