

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000248369

Entity Name: FRACTUREMD, PLLC

Current Principal Place of Business:

710 PONCE DE LEON BLVD.
BELLEAIR, FL 33756

Current Mailing Address:

710 PONCE DE LEON BLVD.
BELLEAIR, FL 33756 US

FEI Number: 83-2396360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGKINS, CHRISTOPHER SR
710 PONCE DE LEON BLVD.
BELLEAIR, FL 33756 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 HODGKINS, CHRISTOPHER W JR.
Address 710 PONCE DE LEON BLVD.
City-State-Zip: BELLEAIR FL 33756

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 W. HODGKINS, JR.

MGR

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date