2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2025
Secretary of State
6292605277CC

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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 04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date