

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000254378

**Entity Name:** ORTHOPEDIC CENTER OF PALM BEACH COUNTY LLC

**Current Principal Place of Business:**

180 JFK DR STE 100  
ATLANTIS, FL 33462

**Current Mailing Address:**

180 JFK DR STE 100  
ATLANTIS, FL 33462 US

**FEI Number:** 57-1162559

**Certificate of Status Desired:** Yes

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

ESQ, PAUL E. RISNER  
400 N LOMBARDY LOOP  
ST JOHNS, FL 32259 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:** PAUL E. RISNER, ESQ

03/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                        |
|-----------------|---------------------|-----------------|------------------------|
| Title           | MGR                 | Title           | MGR                    |
| Name            | CLANCY, JAMES T DR. | Name            | ROSENFELD, JEFFREY DR. |
| Address         | 180 JFK DR STE 100  | Address         | 180 JFK DR STE 100     |
| City-State-Zip: | ATLANTIS FL 33462   | City-State-Zip: | ATLANTIS FL 33462      |

*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:** JAMES T. CLANCY, D.P.M.

MANAGER/PRESIDENT

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date