

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000257577

**Entity Name:** NEW AGE ORTHOPEDICS LLC

**Current Principal Place of Business:**

6091 JONATHANS BAY CIRCLE  
102  
FORT MYERS, FL 33908

**Current Mailing Address:**

6091 JONATHANS BAY CIRCLE  
102  
FORT MYERS, FL 33908 US

**FEI Number:** 83-2446361

**Certificate of Status Desired:** Yes

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

MORPHY, PATRICK  
6091 JONATHANS BAY CIRCLE  
102  
FORT MYERS, FL 33908 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 MORPHY, PATRICK T  
Address 6091 JONATHANS BAY CIRCLE  
City-State-Zip: FORT MYERS FL 33908

*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:** PATRICK MORPHY

**MANAGER**

**01/14/2020**

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

\_\_\_\_\_  
Date