

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000017585

Entity Name: INTEGRITY SPINE AND ORTHOPEDICS, LLC**Current Principal Place of Business:**14785 OLD ST. AUGUSTINE ROAD - STE. 100
JACKSONVILLE, FL 32258**Current Mailing Address:**14785 OLD ST. AUGUSTINE ROAD - STE. 100
JACKSONVILLE, FL 32258 US**FEI Number:** 83-3271709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIDNEY S. SIMMONS, P.L.
562 PARK STREET
SUITE 300
JACKSONVILLE, FL 32204 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/D/CEO
Name	GORDON TERRY, JOHN
Address	14785 OLD ST. AUGUSTINE ROAD - STE. 100
City-State-Zip:	JACKSONVILLE FL 32258

Title	MGR/COO
Name	GORDON TERRY, MATTHEW
Address	14785 OLD ST. AUGUSTINE ROAD - STE. 100
City-State-Zip:	JACKSONVILLE FL 32258

Title	MGR/CFO
Name	DOMERACKI, EDWARD ANTHONY JR
Address	14785 OLD ST. AUGUSTINE ROAD - STE. 100
City-State-Zip:	JACKSONVILLE FL 32258

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: JOHN GORDON TERRY

CEO

02/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date