2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2021
Secretary of State
5116354372CC

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Entity Name: AVASTAR ORTHOPEDIC, LLC

Current Principal Place of Business:

305 NE 2ND AVE
#104
DELRAY BEACH, FL 33444

Current Mailing Address:

305 NE 2ND AVE
PO BOX 104
DELRAY BEACH, FL 33444 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TYRANCE, PATRICK H JR
200 NE 2ND AVE
SUITE #406
DELRAY BEACH, FL 33444 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	Title	MGR
Name	TYRANCE, PATRICK H JR	Name	O'BRIEN , JUSTINE
Address	200 NE 2ND AVE SUITE #406	Address	1160 SEPIA LN
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	LAKE WORTH FL 33461

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: JUSTINE O'BRIEN PRACTICE MANAGER 03/16/2021

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