

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000189222

Entity Name: ALPHA ORTHOPAEDICS, LLC

Current Principal Place of Business:

6866 OLD BANYAN WAY
NAPLES, FL 34109

Current Mailing Address:

6866 OLD BANYAN WAY
NAPLES, FL 34109 US

FEI Number: 85-2066319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCEL, TUCCIARELLI
6866 OLD BANYAN WAY
NAPLES, FL 34109 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 AMBR
Name TUCCIARELLI, MARCEL
Address 6866 OLD BANYAN WAY
City-State-Zip: NAPLESNAPLES FL 34109

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: MARCEL TUCCIARELLI

AMBR

03/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date