

**2023 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: NAPLES NAPLES 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

03/18/2023

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

\_\_\_\_\_  
Date