

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000057637

Entity Name: JACKSONVILLE ORTHOPAEDIC ASSOCIATES, LLC**Current Principal Place of Business:**1325 SAN MARCO BLVD, SUITE 200
JACKSONVILLE, FL 32207**Current Mailing Address:**1325 SAN MARCO BLVD, SUITE 200
JACKSONVILLE, FL 32207 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TANDRON, CARLOS R M.D.
1325 SAN MARCO BLVD, SUITE 200
JACKSONVILLE, FL 32207 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 BOHSALI, KAMAL I M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name KAMBACH, BRANDON J M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name CRENSHAW, STEVEN M M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name FRYKBERG, BRETT P M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name TANDRON, CARLOS R M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name SMITH, GREGORY N M.D.
Address 1325 SAN MARCO BLVD, SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

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: CARLOS R. TANDRON M.D.**03/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date