

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000083006

**Entity Name:** OSSEO SURGICAL LLC

**Current Principal Place of Business:**

375 RIVER EDGE ROAD  
JUPITER, FL 33477

**Current Mailing Address:**

375 RIVER EDGE ROAD  
JUPITER, FL 33477 US

**FEI Number:** 88-1064288

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONNEAU, PETER L CPA  
1015 W INDIANTOWN ROAD  
SUITE 202  
JUPITER, FL 33458 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            D'ABATE, DOMINIC  
Address        375 RIVER EDGE ROAD  
City-State-Zip: JUPITER FL 33477

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:** DOMINIC D'ABATE

**OWNER**

**04/24/2025**

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

\_\_\_\_\_  
Date