

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000257591

**Entity Name:** ESWT ORTHOPEDICS, LLC

**Current Principal Place of Business:**

13980 NE US HIGHWAY 301  
WALDO, FL 32694

**Current Mailing Address:**

13980 NE US HIGHWAY 301  
#364  
WALDO, FL 32694

**FEI Number:** 88-3789358

**Certificate of Status Desired:** No

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

CARTER, HARLAN  
13980 NE US HIGHWAY 301  
#364  
WALDO, FL 32694 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	PREZ	Title	MGR
Name	CARTER, MARIA	Name	CARTER, HARLAN
Address	671 SE 5TH AVENUE #91	Address	671 SE 5TH AVENUE #91
City-State-Zip:	MELROSE FL 32666	City-State-Zip:	MELROSE FL 32666

*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:** HARLAN CARTER

**OWNER/MTG**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date