# **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007411

Entity Name: ROYAL PALM ORTHOPEDIC & SPORTS MEDICINE INSTITUTE,

LLC

Apr 03, 2013 Secretary of State CC2142161863

**FILED** 

### **Current Principal Place of Business:**

1120 CARLTON AVE SUITE 1400 LAKE WALES, FL 33853

## **Current Mailing Address:**

23781 US HWY 27 SUITE 122 LAKE WALES, FL 33859 US

FEI Number: 75-3257037 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FLICK, JAMES J 112 LAKE AVENUE ORLANDO, FL 32801 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 MGR

Name ARANGO, DAVID U Address 23781 US HWY 27

**SUITE 122** 

City-State-Zip: LAKE WALES FL 33859

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID U. ARANGO, M.D.

OWNER

04/03/2013