

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000518765

Entity Name: ORTHOTIC & PROSTHETIC CLINIC OF JACKSONVILLE, LLC

Current Principal Place of Business:

11512 LAKE MEAD AVE
UNIT 404
JACKSONVILLE, FL 32256

Current Mailing Address:

2754 NW 27TH AVE
BOCA RATON, FL 33434 US

FEI Number: 93-4505579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ ABREU, RAFAEL AGUSTIN
2754 NW 27TH AVE
BOCA RATON, FL 33434 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	Title	AMBR
Name	DIAZ ABREU, RAFAEL AGUSTIN	Name	JIMENEZ LUBRANO, ROBERTO JOSE
Address	2754 NW 27TH AVE	Address	2754 NW 27TH AVE
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434

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: RAFAEL AGUSTIN DIAZ ABREU

AMBR

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date