

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000545171

**Entity Name:** FLORIDA ORTHO NOW LLC

**Current Principal Place of Business:**

660 PALM SPRINGS DRIVE  
SUITE D  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

660 PALM SPRINGS DRIVE  
SUITE D  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 93-4742786

**Certificate of Status Desired:** No

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

WATTS, ANTOINE D  
660 PALM SPRINGS DRIVE  
SUITE D  
ALTAMONTE SPRINGS, FL 32701 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           VP  
Name           WATTS, ANTOINE DEMETREUS  
Address        203 WILD PINE POINT  
City-State-Zip: ORLANDO FL 32828

Title           P  
Name           HEALY, NICHOLAS B  
Address        856 KEATON PARKWAY  
City-State-Zip: OCOEE FL 34761

*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:** ANTOINE DEMETREUS WATTS

VP

04/30/2024

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

\_\_\_\_\_  
Date