

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 465167

**Entity Name:** THE CENTER FOR BONE & JOINT DISEASE, P.A.

**Current Principal Place of Business:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**Current Mailing Address:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**FEI Number: 59-1559073**

**Certificate of Status Desired: No**

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

BENNETT, CRAIG R M.D.  
7544 JACQUE ROAD  
HUDSON, FL 34667 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

**Officer/Director Detail :**

Title P  
Name BENNETT, CRAIG R M.D.  
Address 7544 JACQUE RD.  
City-State-Zip: HUDSON FL 34667

Title V  
Name SALINSKY, JARED P D.O.  
Address 7544 JACQUE RD.  
City-State-Zip: HUDSON FL 34667

Title S  
Name KARDASHIAN, GEORGE S M.D.  
Address 7544 JACQUE RD.  
City-State-Zip: HUDSON FL 34667

Title TREASURER  
Name RAPOSO, JUAN DR.  
Address 7544 JACQUE ROAD  
City-State-Zip: HUDSON FL 34667

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG BENNETT**

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date