

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013035

Entity Name: ALLIED ORTHOPEDICS, INC.

Current Principal Place of Business:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014

Current Mailing Address:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014 US

FEI Number: 42-1529009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 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 DPT
Name LUNA, HERNAN
Address 5753 MIAMI LAKES DRIVE EAST
City-State-Zip: MIAMI LAKES FL 33014

Title VPS
Name HERNANDEZ, PATRICIA M
Address 5753 MIAMI LAKES DRIVE EAST
City-State-Zip: MIAMI LAKES FL 33014

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: HERNAN LUNA

DIRECTOR

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date