

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000013035

**Entity Name:** ALLIED ORTHOPEDICS, INC.

**Current Principal Place of Business:**

8725 SW 96 STREET  
MIAMI, FL 33176

**Current Mailing Address:**

8725 SW 96 STREET  
MIAMI, FL 33176 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	Title	VPS
Name	LUNA, HERNAN	Name	HERNANDEZ, PATRICIA M
Address	8725 SW 96 STREET	Address	8725 SW 96 STREET
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** LUNA, HERNAN

DPT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date