

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000071500

**Entity Name:** ORTHOPEDIC SOLUTIONS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

562 EAST WOOLBRIGHT ROAD  
SUITE 115  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

562 EAST WOOLBRIGHT ROAD  
SUITE 115  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 80-0843602

**Certificate of Status Desired:** No

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

AVP ENTERPRSES, INC.  
2236 SHIMMERY LANE  
LANTANA, FL 33462 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            KAFKA, GARY  
Address        562 EAST WOOLBRIGHT ROAD, SUITE  
                  115  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            POSADA, ANTONIO V  
Address        2236 SHIMMERY LANE  
City-State-Zip: LANTANA FL 33462

*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:** GARY KAFKA

P

03/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date