

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000095904

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC4146921494**

**Entity Name:** ADARVE ORTHOFOOT AND ANKLE P.A.

**Current Principal Place of Business:**

825 SW 87TH AVE  
SUITE I  
MIAMI, FL 33174

**Current Mailing Address:**

825 SW 87TH AVE  
SUITE I  
MIAMI, FL 33174 US

**FEI Number:** 26-1910883

**Certificate of Status Desired:** No

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

AXIOM ACCOUNTING, INC  
825 SW 87TH AVE  
SUITE I  
MIAMI, FL 33174 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:** ROSA ESTELA MORALES

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	ADARVE, DIEGO L	Name	ADARVE, IRIS P
Address	825 SW 87TH AVE SUITE I	Address	825 SW 87TH AVE SUITE I
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174

*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:** DIEGO ADARVE

**PRESIDENT**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date