

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000008897

Entity Name: WATERFORD ORTHOPEDICS, INC.

Current Principal Place of Business:

815 NW 57 AVENUE
SUITE 405
MIAMI, FL 33126

Current Mailing Address:

PO BOX 1750
MIAMI, FL 33126 US

FEI Number: 46-4704405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIAN CENTRAL BUSINESS OFFICE
815 NW 57 AVENUE
SUITE 405
MIAMI, FL 33126 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: MARK A. CERECEDA

04/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MGRM
Name CERECEDA, MARK A
Address 815 NW 57 AVENUE
SUITE 405
City-State-Zip: MIAMI FL 33126

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: MARK A CERECEDA

MGRM

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date