**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2019**
**Secretary of State**
**0456518587CC**

DOCUMENT# P92000009187

**Entity Name:** ATLANTIS ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

900 VILLAGE SQUARE CROSSING
SUITE 170
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

900 VILLAGE SQUARE CROSSING
SUITE 170
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 65-0376458**

**Certificate of Status Desired:** No

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

ATLANTIS ORTHOPAEDICS
900 VILLAGE SQUARE CROSSING
SUITE 170
PALM BEACH GARDENS, FL 33410 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 | PRESIDENT | Title | VP |
| Name | ROUTMAN, HOWARD D. DR. | Name | FRANCISCO, ROMMEL R. DR. |
| Address | 728 CABLE BEACH LANE | Address | 5125 ISABELLA DR |
| City-State-Zip: | NORTH PALM BEACH FL 33410 | City-State-Zip: | PALM BEACH GARDENS FL 33418 |

| | |
|---|---|
| Title | SECRETARY |
| Name | REITER, BRIAN K MD |
| Address | 10182 HERONWOOD LANE |
| City-State-Zip: | WEST PALM BEACH FL 33412 |

*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: HOWARD D ROUTMAN PRESIDENT 04/29/2019

Electronic Signature of Signing Officer/Director Detail — Date