

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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:** Yes

**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  
Name            ROUTMAN, HOWARD D. DR.  
Address        728 CABLE BEACH LANE  
City-State-Zip: NORTH PALM BEACH FL 33410

Title            VP  
Name            FRANCISCO, ROMMEL R. DR.  
Address        5125 ISABELLA DR  
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**

**01/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date