

2018 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: 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
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

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date