2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2018
Secretary of State
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Entity Name: TOTAL ORTHOPAEDIC CARE, P.A.

Current Principal Place of Business:

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

4850 W. OAKLAND PARK BLVD.
SUITE 201
LAUDERDALE LAKES, FL 33313

FEI Number: 65-0557162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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	P	Title	V
Name	FEANNY, MICHAEL P M.D. .	Name	SHEIKH, BABAK MD
Address	4850 W OAKLAND PARK BLVD,SUITE 201	Address	4850 W. OAKLAND PARK BLVD.,SUITE 201
City-State-Zip:	LAUDERDALE LAKES FL 33313	City-State-Zip:	LAUDERDALE LAKES FL 33313
Title	S	Title	T
Name	HAJIANPOUR, M.A MD	Name	BERKOWITZ, MARIO M M.D.
Address	4850 W. OAKLAND PARK BLVD.,SUITE 201	Address	4850 W OAKLAND PARK BLVD #201
City-State-Zip:	LAUDERDALE LAKES FL 33313	City-State-Zip:	LAUDERDALE LAKES FL 33313

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: MICHAEL FEANNY, MD PRESIDENT 01/24/2018

Electronic Signature of Signing Officer/Director Detail — Date