above, or on an attachment with all other like empowered.
SIGNATURE: BEAUPERTHUY, GILBERT DO S

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

351 NW LEJEUNE RD

**Current Principal Place of Business:** 

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH FLORIDA BONE AND JOINT CARE, INC.

205 MIAMI, FL 33126

## **Current Mailing Address:**

DOCUMENT# P97000105763

351 NW LEJEUNE RD 205 MIAMI, FL 33126

# FEI Number: 65-0804121

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

SANCHEZ-MEDINA, ROLAND JR 2333 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134 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

Officer/Director Detail :			
Title	Р	Title	S
Name	SANCHEZ-MEDINA, ROLANDO MD	Name	BEAUPERTHUY, GILBERT DO
Address	351 NW LEJUENE ROAD, #205	Address	351 NW LEJEUNE ROAD #205
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 19, 2014 Secretary of State CC5732325151

Certificate of Status Desired: No

03/19/2014 Date

Date