

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000105763

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

**Current Principal Place of Business:**

351 NW LEJEUNE RD  
205  
MIAMI, FL 33126

**Current Mailing Address:**

351 NW LEJEUNE RD  
205  
MIAMI, FL 33126

**FEI Number:** 65-0804121

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SANCHEZ-MEDINA, ROLANDO MD  
Address 351 NW LEJUENE ROAD, #205  
City-State-Zip: MIAMI FL 33126

Title S  
Name BEAUPERTHUY, GILBERT DO  
Address 351 NW LEJEUNE ROAD #205  
City-State-Zip: MIAMI FL 33126

*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:** SANCHEZ-MEDINA , ROLANDO MD

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date