

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126149

Entity Name: BADIA HAND TO SHOULDER, LLC

Current Principal Place of Business:

ALEJANDRO BADIA, M.D.
3650 NW 82ND AVE.
DORAL, FL 33166

Current Mailing Address:

ALEJANDRO BADIA, M.D.
3650 NW 82ND AVE.
DORAL, FL 33166

FEI Number: 26-1642118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAIRES & HAMMOND, P.L.
283 CRANES ROOST BLVD.
ALTAMONTE SPRINGS, FL 32701 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

Authorized Person(s) Detail :

Title MGRM
Name BADIA, ALEJANDRO M.D.
Address 1278 S. VENETIAN WAY
City-State-Zip: MIAMI FL 33139

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO BADIA

MGR

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date