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: JOHNI SHEER

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI 525 OKEECHOBEE BLVD. SUITE 1100 (JAF) WEST PALM BEACH, FL 33401 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

Authorized Person(s) Detail :

Title MGR ORTHO FLORIDA, LLC Name 660 GLADES ROAD, SUITE 460 Address City-State-Zip: BOCA RATON FL 33431

DOCUMENT# L10000098784

Entity Name: FT. LAUDERDALE ORTHO AND SPORTS MEDICINE, LLC

Current Principal Place of Business:

1414 SE 3RD AVE FT. LAUDERDALE, FL 33316

Current Mailing Address:

751 PARK OF COMMERCE DRIVE **SUITE 112** BOCA RATON. FL 33487 US

FEI Number: 27-3510381

CONTROLLER

04/07/2017

Date

FILED Apr 07, 2017 Secretary of State CC0447021455

Certificate of Status Desired: No

Date