

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130093

**Entity Name:** LUIS A. ESCOBAR, MD, LLC

**Current Principal Place of Business:**

4350 SHERIDAN ST.  
102  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

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

**FEI Number:** 36-4716466

**Certificate of Status Desired:** Yes

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ORTHO FLORIDA, LLC  
Address 751 PARK OF COMMERCE DRIVE  
SUITE 112  
City-State-Zip: BOCA RATON FL 33487

*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:** LUIS A. ESCOBAR, MD

**PRES**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date