

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601373

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** ORTHOPEDIC SPECIALISTS OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

7100 WEST 20TH AVE.  
SUITE 101  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7100 WEST 20TH AVE.  
SUITE 101  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 59-1272217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSABAL, ORESTES G MD  
7100 WEST 20TH AVE, STE 101  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ROSABAL, ORESTES G MD  
Address: 7100 W 20TH AVE SUITE 101  
City-St-Zip: HIALEAH, FL 33016

Title: DV  
Name: KRIKORIAN,, ENRIQUE MD  
Address: 7100 W. 20TH AVENUE SUITE 101  
City-St-Zip: HIALEAH, FL 33016

Title: DS  
Name: EASTERLING, KENNETH J MD  
Address: 7100 WEST 20 AVENUE SUITE 101  
City-St-Zip: HIALEAH, FL 33016

Title: DT  
Name: DIAZ, TONY DO  
Address: 7100 W. 20TH AVENUE SUITE 101  
City-St-Zip: HIALEAH, FL 33016

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: ORESTES G ROSABAL M.D.

DP

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date