

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65953

FILED
Apr 21, 2011
Secretary of State

Entity Name: AVENTURA ORTHOPEDICARE CENTER, P.A.

Current Principal Place of Business:

21000 NE 28TH AVE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

21000 NE 28TH AVE
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0357304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDER, STEPHEN S
21000 NE 28TH AVE
AVENTURA, FL 33180 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: VPST
Name: EPSTEIN, BRYCE E MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: P
Name: WENDER, STEPHEN S MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: KOONIN, MICHAEL M MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: ROZENCWAIG, RICHARD MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: GARCIA, ROLANDO J MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: DENNIS, MICHAEL MD
Address: 21000 NE 28TH AVE
City-St-Zip: AVENTURA, FL 33180

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: STEPHEN WENDER

P

04/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date