

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601373

Entity Name: ORTHOPEDIC SPECIALISTS OF SOUTH FLORIDA, P.A.**Current Principal Place of Business:**7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016**Current Mailing Address:**7100 WEST 20TH AVE.
SUITE 101
HIALEAH, FL 33016**FEI Number:** 59-1272217**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSABAL, ORESTES GMD
7100 WEST 20TH AVE, STE 101
HIALEAH, FL 33016 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**Officer/Director Detail :**

Title	DP
Name	ROSABAL, ORESTES GMD
Address	7100 W 20TH AVE SUITE 101
City-State-Zip:	HIALEAH FL 33016
Title	DS
Name	EASTERLING, KENNETH JMD
Address	7100 WEST 20 AVENUE SUITE 101
City-State-Zip:	HIALEAH FL 33016

Title	DV
Name	KRIKORIAN,, ENRIQUE MD
Address	7100 W. 20TH AVENUE SUITE 101
City-State-Zip:	HIALEAH FL 33016
Title	DT
Name	DIAZ, TONY DO
Address	7100 W. 20TH AVENUE SUITE 101
City-State-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

01/02/2014

Electronic Signature of Signing Officer/Director Detail_____
Date