

**2025 FLORIDA PROFIT CORPORATION AMENDED 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 US

**FEI Number:** 59-1272217

**Certificate of Status Desired:** No

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

KRIKORIAN, MD, ENRIQUE PRESIDENT  
7100 WEST 20TH AVENUE, SUITE 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:** ENRIQUE KRIKORIAN, MD

05/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, TREASURER, DIRECTOR  
Name KRIKORIAN, ENRIQUE MD  
Address 7100 WEST 20TH AVENUE, SUITE 101  
City-State-Zip: HIALEAH FL 33016

Title VICE PRESIDENT, SECRETARY,  
DIRECTOR  
Name DIAZ, TONY DO  
Address 7100 WEST 20TH AVENUE, SUITE 101  
City-State-Zip: HIALEAH FL 33016

Title VICE PRESIDENT, DIRECTOR  
Name ARANGO, DILLONELIJAH MD  
Address 7100 WEST 20TH AVENUE, SUITE 101  
City-State-Zip: HIALEAH FL 33016

Title VICE PRESIDENT, DIRECTOR  
Name VARA, ALEXANDER MD  
Address 7100 WEST 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:** ENRIQUE KRIKORIAN, MD

PRESIDENT

05/14/2025

Electronic Signature of Signing Officer/Director Detail

Date