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.

PRESIDENT

# 2020 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

### FEI Number: 59-1272217

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

EASTERLING, KENNETH J PRESIDENT 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: KENNETH J. EASTERLING, M.D. 11/02/2020				
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	PRESIDENT-DIRECTOR	Title	VICE PRESIDENT, TREASURER,	
Name	EASTERLING, KENNETH J M.D.	Name	DIRECTOR KRIKORIAN,, ENRIQUE MD	
Address	7100 WEST 20TH AVE. SUITE 101	Address	7100 W. 20TH AVENUE SUITE 101	
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	HIALEAH FL 33016	
Title	VICE PRESIDENT, SECRETARY, DIRECTOR	Title Name		
Name	DIAZ, TONY DO	NameARANGO, DILLONELIJAH MDAddress7100 WEST 20 AVE ROOM 101City-State-Zip:HIALEAH FL 33016		
Address	7100 W. 20TH AVENUE SUITE 101			
City-State-Zip:	HIALEAH FL 33016		HALLAH PE 35010	
Title	VICE PRESIDENT, DIRECTOR			
Name	VARA, ALEXANDER MD			
Address	7100 WEST 20TH AVE. SUITE 101			
City-State-Zip:	HIALEAH FL 33016			

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: KENNETH J. EASTERLING MD

Certificate of Status Desired: Yes