

**2020 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.

**PRESIDENT**

**01/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date