

2021 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 US**FEI Number:** 59-1272217**Certificate of Status Desired:** Yes**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.

01/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT-DIRECTOR
Name EASTERLING, KENNETH J M.D.
Address 7100 WEST 20TH AVE.
SUITE 101
City-State-Zip: HIALEAH FL 33016

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

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

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

Title VICE PRESIDENT, DIRECTOR
Name VARA, ALEXANDER MD
Address 7100 WEST 20TH AVE.
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: KENNETH J. EASTERLING MD

PRESIDENT

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date