

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H08745

**Entity Name:** SOUTH DADE ORTHOPAEDIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 59-2417574

**Certificate of Status Desired:** No

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

SPRITZER, MICHAEL  
2525 PONCE DE LEON BOULEVARD  
FIFTH FLOOR  
CORAL GABLES, FL 33134 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            LANG, ELLIOT N.  
Address        7867 N. KENDALL DRIVE STE 130  
City-State-Zip: MIAMI FL 33156

Title            DVST  
Name            EVANS, THEODORE A.  
Address        7867 N. KENDALL DRIVE STE 130  
City-State-Zip: MIAMI FL 33156

*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:** ELLIOT N. LANG

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date