

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L44691

**Entity Name:** GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE CENTER, INC.

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC4631917773**

**Current Principal Place of Business:**

9970 CENTRAL PARK BLVD S.  
SUITE 300  
BOCA RATON, FL 33428

**Current Mailing Address:**

818 NE ORCHID BAY DRIVE  
BOCA RATON, FL 33487

**FEI Number: 65-0169490**

**Certificate of Status Desired: No**

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

GOLDEN, MARC D.  
818 NE ORCHID BAY DRIVE  
BOCA RATON, FL 33487 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            PRES  
Name            GOLDEN, MARC DR.  
Address        818 NE ORCHID BAY DRIVE  
City-State-Zip: BOCA RATON FL 33487

Title            TREA  
Name            GOLDEN, JULIE  
Address        818 NE ORCHID BAY DRIVE  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            KEPHART, CURTIS DR.  
Address        818 NE ORCHID BAY DRIVE  
City-State-Zip: BOCA RATON FL 33487

*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: JULIE GOLDEN**

**TREASURER**

**01/09/2017**

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

\_\_\_\_\_  
Date