

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103147

Entity Name: AVENTURA ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Current Principal Place of Business:

2260 NE 123RD STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

P.O. BOX 801734
AVENTURA, FL 33280 US

FEI Number: 41-2109343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, BRAD K
2260 NE 123RD STREET
NORTH MIAMI, FL 33181 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 D
Name COHEN, BRAD K
Address 2260 NE 123RD STREET
City-State-Zip: NORTH MIAMI FL 33181

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: BRAD COHEN

D

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date