

**2018 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**

**03/05/2018**

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

\_\_\_\_\_  
Date