

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090875

Entity Name: ORTHOPAEDIC SPECIALISTS OF SOUTH MIAMI P.A.

Current Principal Place of Business:

6705 RED ROAD
SUITE 418
CORAL GABLES, FL 33143

Current Mailing Address:

P.O BOX 431050
MIAMI, FL 33243 US

FEI Number: 20-1254725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILKERSON, JOHN P
6705 RED ROAD
SUITE 418
CORAL GABLES, FL 33143 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 WILKERSON, JOHN PJR.
Address 6705 RED ROAD SUITE 418
City-State-Zip: CORAL GABLES FL 33143

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: JOHN WILKERSON

CEO

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date