

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000041564

**Entity Name:** DOCTORS CHOICE ORTHO LAB PA

**Current Principal Place of Business:**

13255 SW 137 AVE.  
SUITE 217  
MIAMI, FL 33186

**Current Mailing Address:**

13255 SW 137 AVE.  
SUITE 217  
MIAMI, FL 33186 US

**FEI Number:** 45-2376284

**Certificate of Status Desired:** No

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

CURTIS, JAMES R  
13255 S.W. 137 AVENUE  
217  
MIAMI, FL 33186 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 P, T  
Name CURTIS, JAMES R  
Address 13255 SW 137 AVE., SUITE 217  
City-State-Zip: MIAMI FL 33186

Title S, D  
Name CURTIS, JAMES R  
Address 13255 SW 137 AVE., SUITE 217  
City-State-Zip: MIAMI FL 33186

*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:** JAMES R. CURTIS

**PRESIDENT**

**05/01/2017**

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

\_\_\_\_\_  
Date