

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000001848

Entity Name: NILE R LESTRANGE, MD ORTHOPAEDICS PA

Current Principal Place of Business:

1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062

Current Mailing Address:

1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062

FEI Number: 45-4175203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESTRANGE, NILE R DR.
1600 S FEDERAL HWY
10TH FLOOR
POMPANO BEACH, FL 33062 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: NILE R LESTRANGE

01/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LESTRANGE, NILE R
Address 1600 S FEDERAL HWY 10 TH FLOOR
City-State-Zip: POMPAN BEACH FL 33062

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: NILE R LESTRANGE

P

01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date