

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000087923

**Entity Name:** FONTANAZZA ORTHOPAEDIC SOLUTIONS, INC.

**Current Principal Place of Business:**

720 SE 17 CT  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

720 SE 17 CT  
FT. LAUDERDALE, FL 33316 US

**FEI Number: 65-0590974**

**Certificate of Status Desired: No**

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

FONTANAZZA, MICHAEL  
720 SE 14 CT  
FT. LAUDERDALE, FL 33316 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/D  
Name FONTANAZZA, MICHAEL  
Address 720 SE 14 CT.  
City-State-Zip: FT. LAUDERDALE FL 33316

*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: MICHAEL FONTANAZZA**

**PRESIDENT**

**07/02/2017**

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

\_\_\_\_\_  
Date