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: RICHARD STRAIN

Electronic Signature of Signing Officer/Director Detail

DPT

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	DVS	Title	DPT
Name	GROSSMAN, WARREN	Name	STRAIN, RICHARD
Address	4700 SHERIDAN STREET SUITE H	Address	4700 SHERIDAN STREET SUITE H
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021
Title	D	Title	CORRESPONDING SECRETARY
Title Name	D WONG, CHRISTOPHER	Title Name	CORRESPONDING SECRETARY IALENTI, MARC N
	-		
Name	WONG, CHRISTOPHER 4700 SHERIDAN STREET	Name	IALENTI, MARC N 4700 SHERIDAN STREET

DOCUMENT# P98000045630

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ORTHOPAEDIC ASSOCIATES OF SOUTH BROWARD, P.A.

Current Principal Place of Business:

4700 SHERIDAN STREET SUITE H HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET SUITE H HOLLYWOOD, FL 33021 US

FEI Number: 65-0839076

Name and Address of Current Registered Agent:

EISINGER, DENNIS J 4000 HOLLYWOOD BLVD #265-S HOLLYWOOD, FL 33021 US

01/29/2024 Date

Date