#### 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. 01/23/2018

Electronic Signature of Signing Officer/Director Detail

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P98000045630

## 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

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		
	Name	STEINLAUF, STEVEN		
	Address	4700 SHERIDAN STREET SUITE H		
	City-State-Zip:	HOLLYWOOD FL 33021		

SIGNATURE: WARREN GROSSMAN DVS

Date

## FILED Jan 23, 2018 Secretary of State CC9710521923

Certificate of Status Desired: Yes

Date