

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000093364

**Entity Name:** ORTHOPEDIC SPECIALISTS, P.A.

**Current Principal Place of Business:**

7225 N UNIVERSITY DRIVE  
SUITE 202  
TAMARAC, FL 33321

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC8815953931**

**Current Mailing Address:**

7225 N UNIVERSITY DRIVE  
SUITE 202  
TAMARAC, FL 33321 US

**FEI Number:** 65-0957701

**Certificate of Status Desired:** No

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

BORKSON, ELLIOT PESQ  
1313 S. ANDREWS AVENUE  
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	Title	V
Name	TROIANO, CHRISTOPHER JMD	Name	GERARD, FREDRIC MMD
Address	3021 LAKE SHORE DRIVE	Address	11331 SW 1ST CT
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	PLANTATION ACRES FL 33325

*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:** CHRISTOPHER J TROIANO, MD

**MGR**

**02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date