

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65953

Entity Name: AVENTURA ORTHOPEDICARE CENTER, P.A.

Current Principal Place of Business:

230 SOUTH DIXIE HWY
HALLANDALE BEACH, FL 33009

Current Mailing Address:

4601 PONCE DE LEON BLVD
SUITE 350
CORAL GABLES, FL 33146 US

FEI Number: 65-0357304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMAN, RICHARD W
4601 PONCE DE LEON BLVD
SUITE 350
CORAL GABLES, FL 33146 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: RICHARD W. HOFFMAN

03/31/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GARCIA, ROLANDO JR DR.
Address 230 SOUTH DIXIE HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name ROZENCWAIG, RICHARD DR.
Address 230 SOUTH DIXIE HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name LEWIS, DOMINIC J DR.
Address 230 SOUTH DIXIE HWY
City-State-Zip: HALLANDALE BEACH FL 33009

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 ROZENCWAIG

VP

03/31/2025

Electronic Signature of Signing Officer/Director Detail

Date