

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V65953

**Entity Name:** AVENTURA ORTHOPEDICARE CENTER, P.A.

**Current Principal Place of Business:**

21000 NE 28TH AVE  
AVENTURA, FL 33180

**Current Mailing Address:**

21000 NE 28TH AVE  
AVENTURA, FL 33180 US

**FEI Number:** 65-0357304

**Certificate of Status Desired:** No

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

GARCIA, ROLANDO DR.  
21000 NE 28TH AVE  
AVENTURA, FL 33180 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:** ROLANDO GARCIA, JR M.D.

05/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER  
Name EPSTEIN, BRYCE E DR.  
Address 21000 NE 28TH AVE  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name ROZENCWAIG, RICHARD MD  
Address 21000 NE 28TH AVE  
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT  
Name GARCIA, ROLANDO JMD  
Address 21000 NE 28TH AVE  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name LEWIS, DOMINIC J DR.  
Address 21000 NE 28TH AVE  
City-State-Zip: AVENTURA FL 33180

*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:** ROLANDO GARCIA, MD

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date