

2014 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:

WENDER, STEPHEN S
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPST
Name EPSTEIN, BRYCE EMD
Address 21000 NE 28TH AVE
City-State-Zip: AVENTURA FL 33180

Title P
Name WENDER, STEPHEN SMD
Address 21000 NE 28TH AVE
City-State-Zip: AVENTURA FL 33180

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

Title VP
Name DENNIS, MICHAEL MD
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: STEPHEN WENDER

PRESIDENT

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date