

**2015 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

P

04/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date