

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157777

Entity Name: S KAZDAN DO, LLC

Current Principal Place of Business:

601 NORTH FLAMINGO ROAD
SUITE 209
PEMBROKE PINES, FL 33028

Current Mailing Address:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431 US

FEI Number: 80-0915105

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INNOVATIVE HEALTHCARE BUSINESS SOLUTIONS
751 PARK OF COMMERCE DRIVE
SUITE 112
BOCA RATON, FL 33487 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

Authorized Person(s) Detail :

Title MGR
Name ORTHO FLORIDA, LLC
Address 660 GLADES ROAD SUITE 460
City-State-Zip: BOCA RATON FL 33431

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D KAZDAN

MANAGER

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date