2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 8:00 am **Secretary of State DOCUMENT # H80326** 01-14-2008 90094 048 ***150.00 ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A. Principal Place of Business Mailing Address 4600 4TH ST. N. 4600 4TH ST. N. ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 CR2E034 (12/06) Applied For City & State 4 FELNumber City & State 59-2681990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 Zip Code City 8. 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. I am familiar with, and accept DATE Signature, typed or printed name of registered titlent and title it applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution, Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE GNAGE, LAWRENCE M. NAME NAME STREET ADDRESS 2092 ILLINOIS AVENUE NE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete HAMILTON, ROBERT G. NAME NAME 2063 ILLINOIS AVENUE NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG, FL ☐ Addition ☐ Delete THLE TITLE BOLHOFNER, BRETT NAME NAME STREET ADDRESS STREET AUCHESS 1771 TANGLEWOOD DR NE ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE BRAMLET, DALE NAME NAME STREET ADDRESS STREET ADDRESS 2044 BRIGHTWATERS BLVD NE ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change THILE CLINTON, DAVIS B NAME STREET ADDRESS 1353 SNELL HARBOR DR NE STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an appears, with all other like enpowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

RODRIGUEZ, JORGE A.

TAMPA, FL

3414 WEST GABLES COURT

TIFLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

Addition

FILED

Document # H80326
All Florida Orthopaedic Associates, P.A. ATTACHMENT
List of Additional directors

ATTACHMENT
40002977

FirstName George H	LastName Canizares	HomeStreet 4146 42nd Avenue S 8045 Elbow Lane 1055 Marco Drive 131 Bay Point Dr NE	HomeCity St. Petersburg St. Petersburg St. Petersburg St Petersburg		Zip 33711 33710	D
Antonio J William E	Gayoso Lowry Swiggett					D
Robert L					33702 33704	D D