

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80326

FILED
Apr 21, 2011
Secretary of State

Entity Name: ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 59-2681990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD
Name: GNAGE, LAWRENCE M
Address: 4600 4TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: PD
Name: HAMILTON, ROBERT G
Address: 4600 4TH ST. N.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D
Name: CANIZARES, GEORGE
Address: 4600 4TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: D
Name: LOWRY, WILLIAM E
Address: 4600 4TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: VD
Name: DAVIS, CLINTON B
Address: 4600 4TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33703

Title: SD
Name: RODRIGUEZ, JORGE A.
Address: 4600 4TH ST. N.
City-St-Zip: ST PETERSBURG, FL 33703

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: ROBERT G. HAMILTON

PD

04/21/2011

Electronic Signature of Signing Officer or Director

Date