

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83805

FILED
Feb 16, 2011
Secretary of State

Entity Name: CENTER FOR ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Current Principal Place of Business:

1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-2822729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKUITH, MICHAEL H. MD
1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34292 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: PD
Name: JAKUITH, MICHAEL H. MD
Address: 1525 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34285

Title: PST
Name: JAKUITH, MICHAEL H. MD
Address: 1525 S. TAMIAMI TRAIL
City-St-Zip: VENICE, FL

Title: DV
Name: MEHSERLE, WILLIAM L MD
Address: 1525 S TAMIAMI TRL STE 602
City-St-Zip: VENICE, FL 34285

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: WILLIAM L. MEHSERLE

VP

02/16/2011

Electronic Signature of Signing Officer or Director

Date