2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90040 019 ***150.00

DOCUMENT # 604452

1. Entity Name
COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.

Principal Place of Business	Mailing Address
6015 POINTE W BLVD BRADENTON, FL 34209	6015 POINTE W BLVD BRADENTON, FL 34209

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-1466615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALADIE, ALAN 6015 POINTE W BLVD BRADENTON, FL 34209	Name: Valadie Arthur Street Address (P.O. Box Number is Not Acceptable): 6015 Point West Blvd City: Bradenton FL Zip Code: 34209

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 the obligations of registered agent.

SIGNATURE: Alan Valadie 4.30.07
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director VALADIE, ALAN L 6015 POINTE WEST BLVD BRADENTON, FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sundsch, Richard H 6015 Pointe West Blvd Bradenton FL 34209 Secretary	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President VALADIE, ARTHUR L 6015 POINTE W BLVD BRADENTON, FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Farino, Gregory G 6015 Pointe West Blvd Bradenton FL 34209 At Large	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President SCHAFER, STEVEN J 6015 POINTE WEST BLVD BRADENTON, FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ayres, John R 6015 Point West Blvd Bradenton FL 34209 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dunlop, Gary L 6015 Point West Blvd Bradenton FL 34209 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kumar, Avinash G 6015 Pointe West Blvd Bradenton FL 34209 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lamar, Daniel S 6015 Point West Blvd Bradenton FL 34209 Director	☐ Change ☒ Addition

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 address, with all other like empowered.

SIGNATURE: _____ 4/30/07 941-792-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #