

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000371

**FILED  
Mar 11, 2015  
Secretary of State  
CC7573418482**

**Entity Name:** FOUNDATION FOR ORTHOPAEDIC RESEARCH AND EDUCATION, INC.

**Current Principal Place of Business:**

13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637

**FEI Number: 59-3555349**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PUPELLO, DEREK CEO  
13020 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637 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

**Officer/Director Detail :**

Title D  
Name MIGHELL, MARK M.D.  
Address 13020 TELECOM PKWY N  
City-State-Zip: TEMPLE TERRACE FL 33637

Title D  
Name SUTTERLIN, CHET M.D.  
Address PO BOX 100265  
City-State-Zip: GAINESVILLE FL 33637-0925

Title PRESIDENT  
Name CAHILL, JACK  
Address 13020 TELECOM PARKWAY NORTH  
City-State-Zip: TEMPLE TERRACE FL 33637

Title TREASURER  
Name WHERLEY, MIKE  
Address 13020 TELECOM PARKWAY NORTH  
City-State-Zip: TEMPLE TERRACE FL 33637

Title SECRETARY  
Name BALDY, TREY  
Address 13020 TELECOM PARKWAY NORTH  
City-State-Zip: TEMPLE TERRACE FL 33637

Title CEO  
Name PUPELLO, DEREK  
Address 13020 TELECOM PARKWAY NORTH  
City-State-Zip: TEMPLE TERRACE FL 33637

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEREK PUPELLO**

**CEO**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date