

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000371

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC6622071112**

**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 D  
Name CAHILL, JACK  
Address 13020 TELECOM PKWY N  
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: JACK CAHILL

PRESIDENT

01/16/2013

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

\_\_\_\_\_  
Date