

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575577

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**9296669310CC**

**Entity Name:** ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY PA

**Current Principal Place of Business:**

13837 CIRCA CROSSING DRIVE, SUITE 140  
LITHIA, FL 33547

**Current Mailing Address:**

13837 CIRCA CROSSING DR  
STE 140  
LITHIA, FL 33547 US

**FEI Number:** 59-1830246

**Certificate of Status Desired:** No

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

GOLDSMITH, SCOTT ERIC DR.  
13837 CIRCA CROSSING DRIVE  
140  
LTHIA, FL 33547 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:** SCOTT GOLDSMITH

01/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOLDSMITH, SCOTT  
Address        4931 SAN RAFAEL  
City-State-Zip: TAMPA FL 33629

Title            MANAGING PARTNER  
Name            BECKER, EDWARD  
Address        4642 W. LAMB  
City-State-Zip: TAMPA FL 33629

Title            MANAGING PARTNER  
Name            BUTLER, ROBERT BRYAN DR.  
Address        1911 S. ARDSLEY STREET  
City-State-Zip: TAMPA FL 33629

Title            MANAGING PARTNER  
Name            JESTER, ADAM DR.  
Address        5306 E. LONGBOAT BLVD.  
City-State-Zip: TAMPA FL 33615

Title            MANAGING PARTER  
Name            SANDO, MARK DR.  
Address        4906 W. JUNO STREET  
City-State-Zip: TAMPA FL 33629

Title            MANAGING PARTNER  
Name            DONALDSON, CHRISTOPHER  
Address        3510 W. VASCONIA STREET  
City-State-Zip: TAMPA FL 33629

Title            PARTNER  
Name            NGUYEN, THAO  
Address        3901 W KENSINGTON AVE  
City-State-Zip: TAMPA FL 33629-8623

Title            PARTNER  
Name            LANDFAIR, GERMANUEL  
Address        5415 VINTAGE VIEW PASS  
City-State-Zip: LAKE LAND FL 33812

**Continues on page 2**

*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:** JODI SCHWARTZ

CFO

01/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PARTNER  
Name SHIELD, WILLIAM  
Address 5919 BOWEN DANIEL DRIVE  
UNIT 108  
City-State-Zip: TAMPA FL 33616