

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575577

FILED
Jan 16, 2018
Secretary of State
CC3301547204

Entity Name: ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY PA

Current Principal Place of Business:

615 VONDERBURG DRIVE
BRANDON, FL 33511

Current Mailing Address:

615 VONDERBERG DRIVE
BRANDON, FL 33511 US

FEI Number: 59-1830246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSMITH, STUART A. MD
615 VONDERBERG DR
BRANDON, FL 33511 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 PDST
Name GOLDSMITH, STUART A. MD
Address 16307 MILLAN DE AVILA
City-State-Zip: TAMPA FL

Title VP
Name GOLDSMITH, SCOTT
Address 4416 S. SWANN CIRCLE
City-State-Zip: TAMPA FL 33609

Title MANAGING PARTNER
Name WATSON, JEFFREY
Address 717 S. BREVARD AVE
City-State-Zip: TAMPA FL 33606

Title MANAGING PARTNER
Name BECKER, EDWARD
Address 6214 S. ELBERON
City-State-Zip: TAMPA FL 33611

Title MANAGING PARTNER
Name BUTLER, ROBERT BRYAN DR.
Address 718 S. ORLEANS
City-State-Zip: TAMPA FL 33606

Title MANAGING PARTNER
Name JESTER, ADAM DR.
Address 8420 BOXWOOD DRIVE
City-State-Zip: TAMPA FL 33615

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

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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date