

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575577

**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, SCOTT ERIC DR.  
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:** SCOTT GOLDSMITH

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            MANAGING PARTNER  
Name            DONALDSON, CHRISTOPHER  
Address        4208 S. DREXEL AVE  
City-State-Zip: TAMPA FL 33611

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

*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

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date