

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575577

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC3296243717**

**Entity Name:** ORTHOPEDIC MEDICAL GROUP OF TAMPA BAY, P.A.

**Current Principal Place of Business:**

615 VONDERBERG 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 16307 MILLAN DE AVILA  
City-State-Zip: TAMPA FL

Title MANAGING PARTNER  
Name WATSON, JEFFREY  
Address 615 VONDERBERG DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGING PARTNER  
Name BECKER, EDWARD  
Address 615 VONDERBERG DRIVE  
City-State-Zip: BRANDON FL 33511

*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**

**01/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date