

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600814

Entity Name: TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.**Current Principal Place of Business:**6500 66TH STREET N
PINELLAS PARK, FL 33781**Current Mailing Address:**6500 66TH STREET N
PINELLAS PARK, FL 33781**FEI Number: 59-1231742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHARF, M.D., HOWARD W
6500 66TH STREET N
PINELLAS PARK, FL 33781 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 VP, DIRECTOR
Name SLOMKA, MICHAEL D
Address 6500 66TH STREET N
City-State-Zip: PINELLAS PARK FL 33781

Title PRESIDENT, DIRECTOR
Name SHARF, HOWARD W
Address 6500 66TH STREET N
City-State-Zip: PINELLA PARK FL 33781

Title DIRECTOR
Name HERRICK, RICHARD T
Address 6500 66TH STREET N
City-State-Zip: PINELLAS PARK FL 33781

Title SECRETARY, TREASURER,
DIRECTOR
Name WARREN, STEVEN B
Address 6500 66TH STREET N
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name FUOCO, GLENN S
Address 6500 66TH STREET N
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR
Name SMITH, MICHAEL J
Address 6500 66TH STREET N
City-State-Zip: PINELLAS PARK FL 33781

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: HOWARD W SHARF**PRESIDENT****04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date