

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603127

Entity Name: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.**Current Principal Place of Business:**740 WEST PLYMOUTH AVE.
DELAND, FL 32720**Current Mailing Address:**740 WEST PLYMOUTH AVE.
DELAND, FL 32720**FEI Number:** 59-1361697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHICK, DAVID L. ESQ.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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:** DAVID L. SCHICK, ESQ.

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name HOLLMANN, MARK W M.D.
Address 740 W PLYMOUTH AVE
City-State-Zip: DELAND FL

Title D, THIRD VICE PRESIDENT
Name REED, STEPHEN M M.D.
Address 740 WEST PLYMOUTH AVE
City-State-Zip: DELAND FL

Title D, FIRST VICE PRESIDENT,
SECRETARY, TREASURER
Name LAVOIE, STEPHANE M.D.
Address 740 WEST PLYMOUTH AVE
City-State-Zip: DELAND FL 32720

Title D, SECOND VICE PRESIDENT
Name WALDBAUM, JONATHAN M.D.
Address 740 WEST PLYMOUTH AVE
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name STEEN, BRANDON
Address 740 W PLYMOUTH AVE
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name TURNBULL, NATHAN
Address 740 W PLYMOUTH AVE
City-State-Zip: DELAND FL 32720

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: MARK W HOLLMANN**PRESIDENT**

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date