

**2013 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:**HOOD, ROYCE EJR  
740 W PLYMOUTH AVENUE  
DELAND, FL 32720 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	PD
Name	HOOD, ROYCE EJR
Address	740 WEST PLYMOUTH AVENUE
City-State-Zip:	DELAND FL

Title	STD
Name	HOLLMANN, MARK W
Address	740 W PLYMOUTH AVE
City-State-Zip:	DELAND FL

Title	VD
Name	REED, STEPHEN M
Address	740 WEST PLYMOUTH AVE
City-State-Zip:	DELAND FL

Title	VD
Name	LAVOIE, STEPHANE
Address	740 WEST PLYMOUTH AVE
City-State-Zip:	DELAND FL 32720

Title	VD
Name	WALDBAUM, JONATHAN
Address	740 WEST 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:** ROYCE E HOOD JR**PRESIDENT****02/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date