2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604452

Entity Name: COASTAL ORTHOPEDICS & SPORTS MEDICINE OF

SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

6015 POINTE W BLVD BRADENTON, FL 34209

Current Mailing Address:

6015 POINTE W BLVD BRADENTON, FL 34209

FEI Number: 59-1466615 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC. 100 S. ASHLEY DRIVE SUITE 400 TAMPA, FL 33602 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

FILED Jan 15, 2020

Secretary of State

1320952427CC

Officer/Director Detail:

Title DPST Title D

NameVALADIE, ARTHUR LNameBUNDSCHU, RICHARD HAddress6015 POINTE WEST BLVDAddress6015 POINTE WEST BLVDCity-State-Zip:BRADENTON FL 34209City-State-Zip:BRADENTON FL 34209

Title D Title DIRECTOR OF OPERATIONS

Name KUMAR, AVINASH G Name FRENCH, JEFF

Address 6015 POINTE WEST BLVD Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209 City-State-Zip: BRADENTON FL 34209

Title CEO Title DIRECTOR

Name LEMAY, PAIGE Name VALADIE, ALAN

Address 6015 POINTE WEST BLVD Address 6015 POINTE WEST BLVD

City-State-Zip: BRADENTON FL 34209 City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name CASHEN, DAVID

Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

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: ARTHUR L VALADIE DPST 01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date