

**2015 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:**CFRA, LLC  
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

**Officer/Director Detail :**

Title DPST  
Name VALADIE, ARTHUR L  
Address 6015 POINTE WEST BLVD  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR  
Name SCHAFER, STEVEN MD  
Address 6015 POINTE WEST BLVD  
City-State-Zip: BRADENTON FL 34209

Title D  
Name BUNDSCHU, RICHARD H  
Address 6015 POINTE WEST BLVD  
City-State-Zip: BRADENTON FL 34209

Title D  
Name KUMAR, AVINASH G  
Address 6015 POINTE WEST BLVD  
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR OF OPERATIONS  
Name FRENCH, JEFF  
Address 6015 POINTE WEST BLVD  
City-State-Zip: BRADENTON FL 34209

Title CEO  
Name LEMAY, PAIGE  
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****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date