

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88114

Entity Name: ROBERTS ORTHOPAEDIC CLINIC, P.A.

Current Principal Place of Business:

453 N KIRKMAN RD
SUITE 201
ORLANDO, FL 32811

Current Mailing Address:

453 N KIRKMAN RD
SUITE 201
ORLANDO, FL 32811 US

FEI Number: 59-2412539

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBERTS, ROBERT S.
5168 FAIRWAY OAKS DR.
WINDERMERE, FL 34786 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 MD
Name ROBERTS, ROBERT S.
Address 5168 FAIRWAY OAKS DRIVE
City-State-Zip: WINDERMERE FL

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: ROBERT S ROBERTS

M.D.

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date