

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80326

Entity Name: ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

4600 4TH STREET NORTH
ST PETERSBURG, FL 33703

Current Mailing Address:

4600 4TH STREET NORTH
ST PETERSBURG, FL 33703 US

FEI Number: 59-2681990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODWIN, JAMES W.
201 N. FRANKLIN STREET
SUITE 2000
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: JAMES W GOODWIN

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, VP
Name CANIZARES, GEORGE H
Address 4600 4TH ST. N.
City-State-Zip: ST PETERSBURG FL 33703

Title SD
Name RODRIGUEZ, JORGE A.
Address 4600 4TH ST. N.
City-State-Zip: ST PETERSBURG FL 33703

Title DIRECTOR, PRESIDENT
Name JENNIFER, BURNS M
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name PAGANO, PAUL J
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name SWICK, MATTHEW J
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name HIRSHORN, KURT C
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name NGUYEN, DZI-YIET
Address 4600 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33703

Title DIRECTOR
Name BEERY, TODD
Address 4600 4TH ST N
City-State-Zip: ST. PETERSBURG FL 33703

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: GEORGE H CANIZARES

DIRECTOR

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date