

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80326

FILED
Jan 28, 2014
Secretary of State
CC8558683686

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

Current Principal Place of Business:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

Current Mailing Address:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name GNAGE, LAWRENCE M
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title PD
Name DAVIS, CLINTON B
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

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

Title DIRECTOR
Name BOLHOFNER, BRETT R
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 SWIGGETT, ROBERT L
Address 4600 4TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33703

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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: CLINTON B DAVIS

PRESIDENT

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOWRY, WILLIAM E
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