

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83805

Entity Name: CENTER FOR ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Current Principal Place of Business:

1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34285

Current Mailing Address:

1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34285 US

FEI Number: 59-2822729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEHSERLE, WILLIAM L DR.
1525 S TAMIAMI TRAIL, SUITE 602
VENICE, FL 34292 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: WILLIAM L MEHSERLE

03/31/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVT
Name JAQUITH, MICHAEL H. MD
Address 1525 S. TAMIAMI TRAIL
City-State-Zip: VENICE FL 34285

Title DPS
Name MEHSERLE, WILLIAM LMD
Address 1525 S TAMIAMI TRL STE 602
City-State-Zip: VENICE FL 34285

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: WILLIAM MEHSERLE

PRES/DIRECTOR

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date