

2016 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

03/04/2016

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

Title	OFFICER
Name	JAQUITH, DEBRA
Address	1525 S TAMIAMI TRAIL, SUITE 602
City-State-Zip:	VENICE FL 34285

Title	OFFICER
Name	MEHSERLE, LINDA
Address	1525 S TAMIAMI TRAIL, SUITE 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: L. MEHSERLE**OFFICER**

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date