

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000073194

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC6103144550**

**Entity Name:** SUGAR ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

1921 WALDEMERE STREET  
STE 610  
SARASOTA, FL 34239

**Current Mailing Address:**

1921 WALDEMERE STREET  
STE 610  
SARASOTA, FL 34239

**FEI Number:** 27-0846679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUGAR, DAVID A M.D.  
1921 WALDEMERE STREET  
SUITE 610  
SARASOTA, FL 34239 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 VP  
Name SUGAR, STEPHANIE L  
Address 1921 WALDEMERE, STE 610  
City-State-Zip: SARASOTA FL 34239

Title DP  
Name SUGAR, DAVID A M.D.  
Address 1921 WALDEMERE, STE 610  
City-State-Zip: SARASOTA FL 34239

Title S  
Name DILL, JOHN R  
Address 1921 WALDEMERE, STE 610  
City-State-Zip: SARASOTA FL 34239

*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:** STEPHANIE L. SUGAR

**VICE-PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date