

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000058308

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

**Current Principal Place of Business:**

1639 N. VOLUSIA AVENUE  
SUITE B  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1639 N. VOLUSIA AVENUE  
SUITE B  
ORANGE CITY, FL 32763 US

**FEI Number:** 45-5589485

**Certificate of Status Desired:** Yes

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

DENOFF, FRANK L  
2325 E. NEW YORK AVENUE  
DELAND, FL 32724 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	P, T	Title	S, D
Name	DENOFF, FRANK L	Name	DENOFF, FRANK L
Address	1639 N. VOLUSIA AVENUE, SUITE B	Address	1639 N. VOLUSIA AVENUE, SUITE B
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	ORANGE CITY FL 32763

*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:** FRANK DENOFF

**PRESIDENT**

**04/04/2014**

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

\_\_\_\_\_  
Date