

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010759

Entity Name: BLUEWATER ORTHOPEDICS, P.A.

Current Principal Place of Business:

1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578

Current Mailing Address:

1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578

FEI Number: 59-3228032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX, THOMAS
1950 BLUEWATER BLVD
SUITE 100
NICEVILLE, FL 32578 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: THOMAS FOX

01/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name FOX, THOMAS MDO
Address 1950 BLUEWATER BLVD SUITE 100
City-State-Zip: NICEVILLE FL 32578

Title VP
Name MARKOWSKI, WILLIAM JMD
Address 1950 BLUEWATER BLVD SUITE 100
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name GOEKE, BRAD DR.
Address 1950 BLUEWATER BLVD
SUITE 100
City-State-Zip: NICEVILLE FL 32578

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: THOMAS FOX

PRESIDENT

01/19/2022

Electronic Signature of Signing Officer/Director Detail

Date