

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000072364

**Entity Name:** KEY WEST ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

3428 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

**Current Mailing Address:**

3428 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

**FEI Number:** 65-0610560

**Certificate of Status Desired:** No

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

CATANA, ROBERT D.O.  
3428 N ROOSEVELT BLVD  
KEY WEST, FL 33040 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            D  
Name            CATANA, ROBERT D.O.  
Address        3428 N. ROOSEVELT BLVD.  
City-State-Zip: KEY WEST FL 33040

*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:** ROBERT CATANA DO

D

02/23/2015

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

\_\_\_\_\_  
Date