

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051717

Entity Name: ORTHOPAEDIC CENTER OF VERO BEACH, P.A.

Current Principal Place of Business:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

Current Mailing Address:

1285 36TH STREET
SUITE 100
VERO BEACH, FL 32960

FEI Number: 65-0925136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRIS, CHARLES EATTY
819 BEACHLAND BLVD
VERO BEACH, FL 32963 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 PD
Name STEINFELD, RICHARD MD
Address 1285 36TH STREET STE 100
City-State-Zip: VERO BEACH FL 32960

Title VPO
Name MALONE, MARCUS JMD
Address 1285 36TH STREET STE 100
City-State-Zip: VERO BEACH FL 32960

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: RICHARD STEINFELD, MD

PRESIDENT

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date