

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600557

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** WEST ORANGE ORTHOPAEDICS & SPORTS MEDICINE, P.A.

**Current Principal Place of Business:**

596 OCOEE COMMERCE PKWY  
OCOEE, FL 347614219 US

**New Principal Place of Business:**

**Current Mailing Address:**

596 OCOEE COMMERCE PKWY  
OCOEE, FL 347614219 US

**New Mailing Address:**

**FEI Number:** 59-1227093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX, W. KEVIN M.D.  
596 OCOEE COMMERCE PARKWAY  
OCOEE, FL 347614219 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** COX, WILLIAM S  
**Address:** 3019 CULLEN LAKESHORE DR  
**City-St-Zip:** ORLANDO, FL

**Title:** S  
**Name:** COX, W. KEVIN  
**Address:** 17311 MAGNOLIA ISLAND BLVD.  
**City-St-Zip:** CLERMONT, FL 37411

**Title:** P  
**Name:** TORRES, JOSE A  
**Address:** 7546 PARK SPRING CIRCLE  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** VP  
**Name:** HURBANIS, MATTHEW D  
**Address:** 2626 NORTH WESTMORELAND DRIVE  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** T  
**Name:** COX, W. KEVIN  
**Address:** 17311 MAGNOLIA ISLAND BLVD.  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** VP  
**Name:** MALUSO, PAUL J  
**Address:** 8409 ARBOR GATE COURT  
**City-St-Zip:** ORLANDO, FL 32819

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:** JOSE A. TORRES

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date