2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2012
Secretary of State

DOCUMENT# 600557

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 LAKESHORD 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: W. KEVIN COX S 03/12/2012

Electronic Signature of Signing Officer or Director — Date