

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600814

FILED
Apr 16, 2011
Secretary of State

Entity Name: TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.

Current Principal Place of Business:

6500-66 STREET
PINELLAS PARK, FL 33781

New Principal Place of Business:

6500 66TH STREET N
PINELLAS PARK, FL 33781

Current Mailing Address:

6500-66 STREET
PINELLAS PARK, FL 33781

New Mailing Address:

6500 66TH STREET N
PINELLAS PARK, FL 33781

FEI Number: 59-1231742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARF, M.D., HOWARD W
6500 - 66 STREET
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

SHARF, M.D., HOWARD W
6500 66TH STREET N
PINELLAS PARK, FL 33781 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: HOWARD W SHARF MD

04/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: SLOMKA, MICHAEL D
Address: 6500 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: ST/D
Name: WARREN, STEVEN B
Address: 6500 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP/D
Name: SHARF, HOWARD W
Address: 6500 66TH STREET N
City-St-Zip: PINELLA PARK, FL 33781

Title: VP
Name: FUOCO, GLENN S
Address: 6500 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP
Name: HERRICK, RICHARD T
Address: 6500 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP
Name: SMITH, MICHAEL J
Address: 6500 66TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781 US

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: MICHAEL D SLOMKA MD

P/D

04/16/2011

Electronic Signature of Signing Officer or Director

Date