

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601799

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

**Current Principal Place of Business:**

1075 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1075 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

**FEI Number:** 59-1281292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLESPIE, ALBERT W M.D.  
1075 MASON AVE.  
DAYTONA BEACH, FL 32117 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:** S  
**Name:** GOTTLICH, MALCOLM D M.D.  
**Address:** 1075 MASON AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** P  
**Name:** GILLESPIE, THURMAN M.D.  
**Address:** 1075 MASON AVENUE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** VP  
**Name:** BRYAN, JAMES M M.D.  
**Address:** 1075 MASON AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** T  
**Name:** GILLESPIE, ALBERT W M.D.  
**Address:** 1075 MASON AVE  
**City-St-Zip:** DAYTONA BCH, FL 32117

**Title:** VP  
**Name:** GILLESPIE, MARK C M.D.  
**Address:** 1075 MASON AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

**Title:** AS  
**Name:** HATTEN, BRIAN R MD  
**Address:** 1075 MASON AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32117

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:** ALBERT W GILLESPIE MD

T

08/28/2012

Electronic Signature of Signing Officer or Director

Date