

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602564

FILED
Jan 04, 2010
Secretary of State

Entity Name: ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, P.A.

Current Principal Place of Business:

1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-1306865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS III, GEORGE A M.D.
1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTRD
Name: MORRIS III, GEORGE A M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Title: VTR
Name: PIAZZA, MICHAEL R M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Title: TTR
Name: DAVIDSON, J. BYRON D.O.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

Title: STR
Name: HUGHES II, WILLARD ALLEN M.D.
Address: 1011 JEFFORDS STREET, SUITE C
City-St-Zip: CLEARWATER, FL 33756

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: GEORGE A. MORRIS III, M.D.

PTRD

01/04/2010

Electronic Signature of Signing Officer or Director

Date