

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602564

FILED  
Jan 03, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 337564093 US

**New Principal Place of Business:**

**Current Mailing Address:**

1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 337564093 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 337564093 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:** PRD  
**Name:** MORRIS III, GEORGE A M.D.  
**Address:** 1011 JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 US

**Title:** VD  
**Name:** PIAZZA, MICHAEL R M.D.  
**Address:** 1011JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 US

**Title:** TD  
**Name:** DAVIDSON, J. BYRON D.O.  
**Address:** 1011 JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 US

**Title:** SD  
**Name:** HUGHES II, WILLARD ALLEN M.D.  
**Address:** 1011 JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 US

**Title:** D  
**Name:** ABDO, RICHARD V M.D.  
**Address:** 1011 JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 US

**Title:** D  
**Name:** ANTHONY, MARCOTTE L D.O.  
**Address:** 1011 JEFFORDS STREET, SUITE C  
**City-St-Zip:** CLEARWATER, FL 337564093 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: GEORGE A. MORRIS III, M.D.

PRD

01/03/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date