

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603127

FILED
Jan 27, 2011
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

740 WEST PLYMOUTH AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

740 WEST PLYMOUTH AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-1361697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, ROYCE E JR
740 W PLYMOUTH AVENUE
DELAND, FL 32720 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: PD
Name: HOOD, ROYCE E JR
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL

Title: STD
Name: HOLLMANN, MARK W
Address: 740 W PLYMOUTH AVE
City-St-Zip: DELAND, FL

Title: VD
Name: REED, STEPHEN M
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL

Title: VD
Name: LAVOIE, STEPHANE
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

Title: VD
Name: DENOFF, FRANK
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

Title: VD
Name: WALDBAUM, JONATHAN
Address: 740 WEST PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

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: ROYCE E HOOD JR

PD

01/27/2011

Electronic Signature of Signing Officer or Director

Date