

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 019 ***150.00

DOCUMENT # 604452 1. Entity Name COASTAL ORTHOPEDICS & SPORTS MEDICINE OF SOUTHWEST FLORIDA, P.A.					
Principal Place of Business 6015 POINTE W BLVD BRADENTON, FL 34209			Mailing Address 6015 POINTE W BLVD BRADENTON, FL 34209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1466615	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent VALADIE, ALAN 6015 POINTE W BLVD BRADENTON, FL 34209				7. Name and Address of New Registered Agent Name <u>Valadie Arthur</u> Street Address (P.O. Box Number is Not Acceptable) <u>6015 Point West Blvd</u> City <u>Bradenton</u> FL <u>34209</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Alan Valadie</u> DATE <u>4/30/07</u> (Signature required or printed name of registered agent with title if applicable. (NOTE: Registered Agent signature required when not starting.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <u>Director</u> NAME VALADIE, ALAN L STREET ADDRESS 6015 POINTE WEST BLVD CITY-ST-ZIP BRADENTON, FL 34209	☐ Delete		TITLE <u>Secretary</u> NAME <u>Quindochu Richard H</u> STREET ADDRESS <u>6015 Pointe West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Change ☒ Addition	
TITLE <u>President</u> NAME VALADIE, ARTHUR L STREET ADDRESS 6015 POINTE W BLVD CITY-ST-ZIP BRADENTON, FL 34209	☐ Delete		TITLE <u>At Large</u> NAME <u>Forino Gregory G</u> STREET ADDRESS <u>6015 Pointe West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Change ☒ Addition	
TITLE <u>Vice President</u> NAME SCHAFFER, STEVEN J STREET ADDRESS 6015 POINTE WEST BLVD CITY-ST-ZIP BRADENTON, FL 34209	☐ Delete		TITLE <u>Director</u> NAME <u>Byres John R</u> STREET ADDRESS <u>6015 Point West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Change ☒ Addition	
TITLE <u>Director</u> NAME <u>Dunlop Gary L</u> STREET ADDRESS <u>6015 Pointe West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Delete		TITLE <u>Director</u> NAME <u>Kumar Arinash G</u> STREET ADDRESS <u>6015 Point West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Change ☒ Addition	
TITLE <u>Director</u> NAME <u>Loman Daniel S</u> STREET ADDRESS <u>6015 Point West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Delete		TITLE <u>Director</u> NAME <u>Loman Daniel S</u> STREET ADDRESS <u>6015 Point West Blvd</u> CITY-ST-ZIP <u>Bradenton FL 34209</u>	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/30/07</u> <u>941-292-1464</u> Daytime Phone #		