

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604675

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

**Current Principal Place of Business:**

100 W. GORE ST.  
SUITE 500  
ORLANDO, FL 32806

**New Principal Place of Business:**

200 WEST CRYSTAL LAKE STREET  
SUITE 200  
ORLANDO, FL 32806

**Current Mailing Address:**

100 W. GORE ST.  
SUITE 500  
ORLANDO, FL 32806

**New Mailing Address:**

200 WEST CRYSTAL LAKE STREET  
SUITE 200  
ORLANDO, FL 32806

**FEI Number:** 59-1486941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLL, STEPHEN R  
711 PINETREE RD  
WINTER PARK, FL 32789 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: S  
Name: ROSEN, JEFFREY P  
Address: 1684 INDIAN DANCE COURT  
City-St-Zip: MAITLAND, FL 32751

Title: T  
Name: LAWRENCE, HALPERIN S  
Address: 408 SPRING VALLEY LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP  
Name: SCHWARTZBERG, RANDY S  
Address: 111 ARROWHEAD COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: 1AS  
Name: REUSS, BRYAN L  
Address: 150 EAST ROBINSON STREET APT 1601  
City-St-Zip: ORLANDO, FL 32822

Title: 1AT  
Name: MCBRIDE, G. GRADY  
Address: 204 QUAYSIDE CIRCLE #104  
City-St-Zip: MAITLAND, FL 32751

Title: 2AS  
Name: BLICK, SAMUEL S  
Address: 8707 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

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: STEPHEN R. GOLL, M.D.

PRES

03/29/2010

Electronic Signature of Signing Officer or Director

Date