

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604675

FILED
Feb 07, 2011
Secretary of State

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

Current Principal Place of Business:

200 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806

New Principal Place of Business:

25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

200 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806

New Mailing Address:

25 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:

GOLL, STEPHEN R
25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806 US

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:

02/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: ROSEN, JEFFREY P
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: T
Name: LAWRENCE, HALPERIN S
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: VP
Name: SCHWARTZBERG, RANDY S
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: 1AS
Name: REUSS, BRYAN L
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: 1AT
Name: MCBRIDE, G. GRADY
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

Title: 2AS
Name: BLICK, SAMUEL S
Address: 25 WEST CRYSTAL LAKE STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32806

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.

P

02/07/2011

Electronic Signature of Signing Officer or Director

Date