

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F34804

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** HALIFAX ORTHOPAEDIC CLINIC, P.A.

**Current Principal Place of Business:**

614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US

**New Principal Place of Business:**

**Current Mailing Address:**

614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US

**New Mailing Address:**

**FEI Number:** 59-2089594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SELTZER, NORMAN B., M.D. PA  
614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 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: DP  
Name: SELTZER, NORMAN B, MD  
Address: 614 N. PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP  
Name: GAINES, RICHARD K  
Address: 614 N. PENINSULA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

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: NORMAN B. SELTZER

DP

09/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date