

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34804

FILED
Jan 10, 2012
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 SELTZER

DP

01/10/2012

Electronic Signature of Signing Officer or Director

Date