

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68291

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** ROGOZINSKI ORTHOPEDIC CLINIC, P.A.

**Current Principal Place of Business:**

3716 UNIVERSITY BLVD S  
3  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

3716 UNIVERSITY BLVD S  
3  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-2553029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGOZINSKI, CHAIM  
3716 UNIVERSITY BLVD. S  
3  
JACKSONVILLE, FL 32217 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: P  
Name: ROGOZINSKI, CHAIM M.D.  
Address: 3716 UNIVERSITY BLVD.,S.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VS  
Name: ROGOZINSKI, ABRAHAM, MD.  
Address: 3716 UNIVERSITY BLVD.,S.  
City-St-Zip: JACKSONVILLE, FL 32216

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:** SAM ROGOZINSKI

COO

01/12/2010

Electronic Signature of Signing Officer or Director

Date