

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49268

FILED
Apr 13, 2012
Secretary of State

Entity Name: ORTHOPEDIC CENTER OF FLORIDA, INC.

Current Principal Place of Business:

12670 CREEKSIDE LANE
STE 202
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

12670 CREEKSIDE LANE
SUITE 202
FT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2750728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, MARK E
12670 CREEKSIDE LANE
SUITE 202
FORT MYERS, FL 33919 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: FARMER, MARK
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL

Title: DV
Name: MEHALIK, JOHN M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: DS
Name: COLLINS, SANDRA B MD
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: DT
Name: BELIS, ANDREW M MD
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

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: MARK FARMER

DP

04/13/2012

Electronic Signature of Signing Officer or Director

Date