

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90532

FILED
Jan 21, 2011
Secretary of State

Entity Name: TAMPA BAY ORTHOPAEDICS, P.A.

Current Principal Place of Business:

613 S. MAGNOLIA AVE., STE. 1
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

613 S. MAGNOLIA AVE., STE. 1
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3008988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAYTHORNE, C. BARRY
613 S. MAGNOLIA AVE
#1
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CRAYTHORNE, C. BARRY MD
613 S. MAGNOLIA AVE
#1
TAMPA, FL 33606 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: C. BARRY CRAYTHORNE MD

01/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OWNE
Name: CRAYTHORNE, C. BARRY MD
Address: 613 S. MAGNOLIA AVE.
City-St-Zip: TAMPA, FL 33606

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: C. BARRY CRAYTHORNE MD

OWNE

01/21/2011

Electronic Signature of Signing Officer or Director

Date