

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2011
Secretary of State

Entity Name: TALLAHASSEE ORTHOPEDIC CLINIC FOUNDATION, INC.

Current Principal Place of Business:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-5292321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPMAN, MARTIN
3334 CAPITAL MEDICAL BOULEVARD
SUITE 600
TALLAHASSEE, FL 32308 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: D
Name: HANEY, TOM C M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: THOMPSON, WILLIAM H M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: BELLAMY, DAVID A M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: FAHEY, MARK E M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: WONG, ANDREW M M.D.
Address: 3334 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 32308

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM C HANEY, MD

D

01/12/2011

Electronic Signature of Signing Officer or Director

_____ Date