2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011165

FILED Jan 09, 2012 Secretary of State

US

Entity Name: ORLANDO ORTHOPAEDIC CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

25 W. CRYSTAL LAKE STREET 25 W. CRYSTAL LAKE STREET

S. 200 S. 200

ORLANDO, FL 32828 US ORLANDO, FL 32806 US

Current Mailing Address: New Mailing Address:

25 W. CRYSTAL LAKE STREET 25 W. CRYSTAL LAKE STREET S. 200 S. 200

ORLANDO, FL 32828 US ORLANDO, FL 32806

FEI Number: 45-3993275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOYCE, KEVIN 25 W. CRYSTAL LAKE STREET S.200 ORLANDO, FL 32806 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: SCHWARTZBERG, RANDY M.D. Address: 25 W. CRYSTAL LAKE STREET S.200

City-St-Zip: ORLANDO, FL 32806 US

Title: VP

Name: JOYCE, KEVIN

Address: 25 W. CRYSTAL LAKE STREET S.200

City-St-Zip: ORLANDO, FL 32806 US

Title: S

 Name:
 CHAPIN, DAVID

 Address:
 200 E ROBINSON ST

 City-St-Zip:
 ORLANDO, FL 32801

Title: T

Name: SUMMERGILL, BRENT Address: 200 S. ORANGE AVE City-St-Zip: ORLANDO, FL 32801

Title:

Name: DAVIS, TARA

Address: 321 NORTH CRYSTAL DR City-St-Zip: ORLANDO, FL 32803

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: KEVIN JOYCE VP 01/09/2012