

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052287

FILED
Jan 05, 2012
Secretary of State

Entity Name: ORTHOPEDIC SPECIALISTS OF SW FLORIDA, P.A.

Current Principal Place of Business:

2531 CLEVELAND AVE.
STE #1
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2531 CLEVELAND AVE.
STE #1
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1011457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALOIA, FRANK J JR.ESQ
2250 FIRST ST
FT MYERS, FL 33901 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: VD
Name: FLORES, ANTONIO J
Address: 2531 CLEVELAND AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: VD
Name: RICHARDS, PAUL J
Address: 2531 CLEVELAND AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: PD
Name: FUCHS, PAUL D
Address: 2531 CLEVELAND AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: VD
Name: GARDNER, RONALD D
Address: 2531 CLEVELAND AVE STE 1
City-St-Zip: FORT MYERS, FL 33901

Title: SD
Name: SPRINGER, CHARLES P
Address: 2531 CLEVELAND AVE.
City-St-Zip: FT. MYERS, FL 33901

Title: VD
Name: REYNOLDS, FLETCHER A
Address: 2531 CLEVELAND AVE.
City-St-Zip: FT. MYERS, FL 33901

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: PAUL FUCHS

PRES

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date