

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078153

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** RUSSELL ORTHOPAEDIC CENTER, P.A.

**Current Principal Place of Business:**

315 PALM COAST PKWY NE  
SUITE 3  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

315 PALM COAST PKWY NE  
SUITE 3  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 59-3666302      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RUSSELL, JOHN M  
3 RACHEL COURT  
PALM COAST, FL 32137      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: RUSSELL, JOHN M  
Address: 3 RACHEL COURT  
City-St-Zip: PALM COAST, FL 32137

Title: O  
Name: RUSSELL, DONNA S  
Address: 3 RACHEL COURT  
City-St-Zip: PALM COAST, FL 32137

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: JOHN M RUSSELL

D

04/17/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date