

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046107

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** HIGHLAND CENTER FOR ORTHOPAEDICS & UPPER EXTREMITY SURGERY, P.A.

**Current Principal Place of Business:**

3317 HIGHWAY 98S  
SUITE 9  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

2161 COUNTY ROAD 540A  
#286  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 02-0593810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JURBALA, BRIAN M M.D.  
2161 COUNTY ROAD 540A  
#286  
LAKELAND, FL 33813 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JURBALA, BRIAN M MD  
Address: 2161 COUNTY RD 540A, #286  
City-St-Zip: LAKELAND, FL 33813

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:** BRIAN M. JURBALA

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date