

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145209

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** INDEPENDENT ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

4212 WEST SEVILLA STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

701 S. HOWARD AVE.  
SUITE 106-226  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-5918618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORRELLO, JOSEPH A ESQ.  
2200 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33133 US

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

WEISS, GAIL E  
4212 WEST SEVILLA STREET  
TAMPA, FL 33629 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:** GAIL WEISS

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** WEISS, MICHAEL D.O.  
**Address:** 4214 WEST SEVILLA  
**City-St-Zip:** TAMPA, FL 33629

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:** MICHAEL WEISS

DPST

03/14/2011

Electronic Signature of Signing Officer or Director

Date