

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089548

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** NORTH TAMPA ORTHOPAEDICS & SPORTS MEDICINE, P.A.

**Current Principal Place of Business:**

120 MEDICAL BOULEVARD  
SUITE 109  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 MEDICAL BOULEVARD  
SUITE 109  
SPRING HILL, FL 34609 US

**New Mailing Address:**

**FEI Number:** 26-3472738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALKER, GARY  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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 ( ) Delete  
**Name:** JASON, WILLIAM J  
**Address:** 120 MEDICAL BOULEVARD, SUITE 109  
**City-St-Zip:** SPRING HILL, FL 34609 US

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** PROP ( ) Change (X) Addition  
**Name:** JASON, WILLIAM J PRESIDE  
**Address:** 120 MEDICAL BOULEVARD SUITE 109  
**City-St-Zip:** SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** WILLIAM J JASON

P

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date