

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089548

FILED
Jun 21, 2011
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

OFFICERS AND DIRECTORS:

Title: P
Name: JASON, WILLIAM J
Address: 120 MEDICAL BOULEVARD, SUITE 109
City-St-Zip: SPRING HILL, FL 34609 US

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: WILLIAM J. JASON, M.D.

P

06/21/2011

Electronic Signature of Signing Officer or Director

Date