

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092171

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC RISK PURCHASING GROUP, INC.

## Current Principal Place of Business:

17503 MALLARD CT  
LUTZ, FL 33559

## New Principal Place of Business:

## Current Mailing Address:

17503 MALLARD CT  
LUTZ, FL 33559

## New Mailing Address:

FEI Number: 26-3772854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBBE, FRASER  
17503 MALLARD CT  
LUTZ, FL 33559 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: D ( ) Delete  
Name: ZIEGLER, BRIAN MD  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: GROSSMAN, WARREN MD  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: ROUTMAN, ALAN MD  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: FAHEY, MARK MD  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: BOLHOFNER, BRETT  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: HUTTON, PATRICK  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZIEGLER, BRIAN MD  
Address: 830 EXECUTIVE LANE, STE 120  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change ( ) Addition  
Name: GROSSMAN, WARREN MD  
Address: 1150 N 35TH AVE, SUITE 390  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition  
Name: DESIMONE, APRIL  
Address: 504 PALMETTO STREET  
City-St-Zip: NEW SMYRNA, FL 32168

Title: T (X) Change ( ) Addition  
Name: FAHEY, MARK MD  
Address: 3334 CAPITAL MEDICAL BLVD STE 400  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ED (X) Change ( ) Addition  
Name: COBBE, FRASER  
Address: 17503 MALLARD CT  
City-St-Zip: LUTZ, FL 33559

Title: D (X) Change ( ) Addition  
Name: HUTTON, PATRICK MD  
Address: 454 BLANDING BLVD, SUITE A  
City-St-Zip: ORANGE PARK, FL 32073

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: FRASER COBBE

ED

04/28/2009

Electronic Signature of Signing Officer or Director

Date