

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092171

FILED
Apr 21, 2011
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

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: DESIMONE, APRIL
Address: 504 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168

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

Title: ED
Name: COBBE, FRASER
Address: 17503 MALLARD CT
City-St-Zip: LUTZ, FL 33559

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: FRASER COBBE

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date