2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# P11000058739

Entity Name: DELORENZI ORTHOPAEDIC CENTER, PA

Current Principal Place of Business:

7000 SPYGLASS COURT STE 220
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

7000 SPYGLASS COURT STE 220
VIERA, FL 32940

New Mailing Address:

FEI Number: 45-2668150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELORENZI, CATHERINE R
184 LANTERNBACK ISLAND DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

DELORENZI, CATHERINE R
C/O DELORENZI ORTHOPAEDIC CENTER
7000 SPYGLASS CT, SUITE 220
VIERA, FL 32940 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: CATHERINE R. DELORENZI 03/06/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DELORENZI, RAYMOND J
Address: 7000 SPYGLASS CT, SUITE 220
City-St-Zip: VIERA, FL 32940

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: RAYMOND J DELORENZI, MD PRES 03/06/2012
Electronic Signature of Signing Officer or Director Date