

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013671

FILED  
Mar 29, 2012  
Secretary of State

**Entity Name:** PALM HARBOR ORTHOPEDICS, P.A.

**Current Principal Place of Business:**

80 PINNACLES DRIVE  
SUITE 700  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 352077  
PALM COAST, FL 32135 US

**New Mailing Address:**

PO BOX 352077  
PALM COAST, FL 32135 US

**FEI Number:** 59-3156214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORAN, THEODORE R  
1020 W INTERNATIONAL SPEEDWAY BLVD  
SUITE 100  
DAYTONA BEACH, FL 32114 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: PD  
Name: BATHAW, RONALD  
Address: PO BOX 352077  
City-St-Zip: PALM COAST, FL 32135

Title: VPST  
Name: BATHAW, FRANCIA F  
Address: PO BOX 352077  
City-St-Zip: PALM COAST, FL 32135

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: FRANCIA F. BATHAW

VPST

03/29/2012

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

\_\_\_\_\_  
Date