

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: VOLUSIA HAND SURGERY CLINIC, P.A.

Current Principal Place of Business:

201 N CLYDE MORRIS BLVD
STE 205
DAYTONA BEACH, FL 32114 US

Current Mailing Address:

201 N CLYDE MORRIS BLVD
STE 205
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

3635 S CLYDE MORRIS BLVD
STE 900
PORT ORANGE, FL 32129 US

New Mailing Address:

3635 S CLYDE MORRIS BLVD
STE 900
PORT ORANGE, FL 32129 US

FEI Number: 59-3188714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TESSLER, RICHARD H M.D.
201 N. CLYDE MORRIS BLVD
STE 205
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

TESSLER, RICHARD H M.D.
3635 S CLYDE MORRIS BLVD
STE 900
PORT ORANGE, FL 32129 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: RICHARD H TESSLER MD

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: TESSLER, RICHARD H M.D.
Address: 3635 S CLYDE MORRIS BLVD STE 900
City-St-Zip: PORT ORANGE, FL 32129

Title: P
Name: CLANCY, TAMARA R MD
Address: 3635 S CLYDE MORRIS BLVD STE 900
City-St-Zip: PORT ORANGE, FL 32129

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: RICHARD H TESSLER MD

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date