

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045882

FILED
Jan 06, 2012
Secretary of State

Entity Name: MCLEOD ORTHOPEDIC CLINIC, P.A.

Current Principal Place of Business:

MCLEOD ORTHOPEDIC CLINIC
504 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

MCLEOD ORTHOPEDIC CLINIC
504 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3188715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLEOD, WILLIAM P M.D.
504 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 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: MD
Name: MCLEOD, WILLIAM P M.D.
Address: 504 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: WILLIAM P. MCLEOD, MD

OWNE

01/06/2012

Electronic Signature of Signing Officer or Director

Date