

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002034

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST ORTHOPAEDICS & SPORTS MEDICINE CENTER, P.A.

**Current Principal Place of Business:**

SEVEN HILLS MEDICAL ARTS BLDG.  
10441 QUALITY DR., STE. 202  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

SEVEN HILLS MEDICAL ARTS BLDG.  
10441 QUALITY DR., STE. 202  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 59-3288375      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZEIDAN, FADY  
SEVEN HILLS MEDICAL ARTS BLDG.  
10441 QUALITY DR., STE. 202  
SPRING HILL, FL 34609 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: ZEIDAN, FADY  
Address: 9405 RUBY FALLS CT.  
City-St-Zip: BROOKSVILLE, FL 34613

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: FADY ZEIDAN

MD

04/29/2012

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

\_\_\_\_\_ Date