

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075234

FILED
Jan 26, 2012
Secretary of State

Entity Name: BREVARD ORTHOPAEDIC, SPINE & PAIN CLINIC, INC.

Current Principal Place of Business:

2222 S HARBOR CITY BLVD.
SUITE 610
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2200 FRONT ST
SUITE 200
MELBOURNE, FL 32901

New Mailing Address:

2222 S HARBOR CITY BLVD.
SUITE 610
MELBOURNE, FL 32901

FEI Number: 59-3345600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNES, RICHARD A MD
2222 S HARBOR CITY BLVD
SUITE 610
MELBOURNE, FL 32901 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: D
Name: HYNES, RICHARD A M.D.
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: DATTA, DEVIN K
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

Title: D
Name: VOEPEL, LI J
Address: 2222 S HARBOR CITY BLVD SUITE 610
City-St-Zip: MELBOURNE, FL 32901

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 A HYNES MD

PRES

01/26/2012

Electronic Signature of Signing Officer or Director

Date