

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000097893

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

1020 MASON AVENUE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1400 DUNLAWTON AVE STE 1-A  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 59-3413888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SRIDHAR, SRINIVASA  
1020 MASON AVE  
DAYTONA BEACH, FL 32117 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: RHODES, MD, RICHARD  
Address: 1020 MASON AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: PD  
Name: SRIDHAR, SRINIVASA M.D.  
Address: 1020 MASON AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32117

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: SRINIVASA SRIDHAR

PD

01/12/2011

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

\_\_\_\_\_  
Date