

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029190

FILED
Jan 09, 2007
Secretary of State

Entity Name: PENSACOLA ORTHOPAEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

5147 NORTH NINTH AVENUE
STE 322
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5147 NORTH NINTH AVENUE
STE 322
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3440360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S ESQ
DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS () Delete
Name: LURATE, R. BARRY
Address: 5147 NORTH NINTH AVE., STE 322
City-St-Zip: PENSACOLA, FL 32504

Title: V () Delete
Name: CAYLOR, MARK T
Address: 5147 N. NINTH AVE., STE 322
City-St-Zip: PENSACOLA, FL 32504

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: MARSHALL, JASON J
Address: 5147 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHAD MCCAMMON

ADM

01/09/2007

Electronic Signature of Signing Officer or Director

Date