

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000029190

FILED  
Feb 18, 2010  
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.  
1990 MAIN STREET, SUITE 700  
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  
**Name:** LURATE, R. BARRY  
**Address:** 5147 NORTH NINTH AVE., STE 322  
**City-St-Zip:** PENSACOLA, FL 32504

**Title:** V  
**Name:** MARSHALL, JASON J  
**Address:** 5147 N. NINTH AVE., STE 322  
**City-St-Zip:** PENSACOLA, FL 32504

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:** ROBERT BARRY LURATE, JR., MD

MD

02/18/2010

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

\_\_\_\_\_  
Date