2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# S33478

Entity Name: MID-FLORIDA ORTHOPAEDICS, P.A.

Current Principal Place of Business:

441 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

441 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

441 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3057158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARLATOS, VINCENT E
441 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701 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: PSD
Name: SCARLATOS, EMMANUEL
Address: 441 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: SECR
Name: SCARLATOS, HELEN A SECRETA
Address: 441 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: TREA
Name: SCARLATOS, KRISTINA E TREASUR
Address: 441 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: EMMANUEL D. SCARLATOS, M. D. PSD 02/14/2012

Electronic Signature of Signing Officer or Director Date