

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07361

FILED
Mar 04, 2010
Secretary of State

Entity Name: SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1050 SE MONTEREY ROAD
SUITE 400
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0311858 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RICHARD, RALPH P
12561 ALLENDALE CIRCLE
FT MYERS, FL 33912 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: PD
Name: ANSPACH, W.E. III M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

Title: VD
Name: CARLSON, W.E. M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

Title: SD
Name: DESMAN, SCOTT M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

Title: D
Name: HAAS, GEORGE M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

Title: D
Name: HOFFMAN, JAMES D M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

Title: D
Name: HILL, NATHANIEL H M.D.
Address: 1050 SE MONTEREY RD SUITE 400
City-St-Zip: STUART, FL 34994

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: WILLIAM E. CARLSON, MD

VD

03/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date