

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07361

FILED  
Apr 14, 2011  
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:**

CARLSON, WILLIAM E MD  
1050 SE MONTEREY RD., STE 400  
STUART, FL 34990 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: 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

04/14/2011

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

\_\_\_\_\_ Date