2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
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Entity Name: WEST ORANGE ORTHOPAEDICS & SPORTS MEDICINE, P.A.

Current Principal Place of Business:

596 OCOEE COMMERCE PKWY
OCOEE, FL 34761-4219

Current Mailing Address:

596 OCOEE COMMERCE PKWY
OCOEE, FL 34761-4219 US

FEI Number: 59-1227093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRANE, KRISTEN L
596 OCOEE COMMERCE PARKWAY
OCOEE, FL 34761-4219 US

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: KRISTEN CRANE 03/21/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	S	Title	P
Name	COX, W. KEVIN	Name	TORRES, JOSE A
Address	PO BOX 201	Address	3438 COCARD COURT
City-State-Zip:	OAKLAND FL 34760	City-State-Zip:	WINDERMERE FL 34786-7611

Title	T
Name	COX, W. KEVIN
Address	PO BOX 201
City-State-Zip:	OAKLAND FL 34760

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: JOSE A TORRES PRESIDENT 03/21/2017

Electronic Signature of Signing Officer/Director Detail — Date