

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600557

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:

COX, W. KEVIN SECRETARY
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: W. KEVIN COX

04/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name COX, W. KEVIN DR.
Address PO BOX 413
City-State-Zip: OAKLAND FL 34760

Title P
Name TORRES, JOSE A DR.
Address 3438 COCARD COURT
City-State-Zip: WINDERMERE FL 34786-7611

Title T
Name COX, W. KEVIN DR.
Address PO BOX 413
City-State-Zip: OAKLAND FL 34760

Title OFFICER
Name COX, JACOB L DR.
Address 873 GAYLE MILL DRIVE
City-State-Zip: WINTER GARDEN FL 34787

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: W. KEVIN COX

SECRETARY

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date