2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
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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:

COX, W. KEVIN M.D.
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	COX, WILLIAM S
Address	3019 CULLEN LAKESHORD DR
City-State-Zip:	ORLANDO FL

Title	P
Name	TORRES, JOSE A
Address	7546 PARK SPRING CIRCLE
City-State-Zip:	ORLANDO FL 32835

Title	T
Name	COX, W. KEVIN
Address	17311 MAGNOLIA ISLAND BLVD.
City-State-Zip:	CLERMONT FL 34711

Title	VP
Name	RUST, RANDALL T DR.
Address	5447 MING DRIVE
City-State-Zip:	ORLANDO FL 32812

Title	S
Name	COX, W. KEVIN
Address	17311 MAGNOLIA ISLAND BLVD.
City-State-Zip:	CLERMONT FL 37411

Title	VP
Name	HURBANIS, MATTHEW D
Address	2626 NORTH WESTMORELAND DRIVE
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	MALUSO, PAUL J
Address	8409 ARBOR GATE COURT
City-State-Zip:	ORLANDO FL 32819

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 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date