2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601799

Entity Name: ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.

FILED Feb 11, 2013 Secretary of State CC7483523208

Current Principal Place of Business:

1075 MASON AVENUE DAYTONA BEACH, FL 32117

Current Mailing Address:

1075 MASON AVENUE

DAYTONA BEACH, FL 32117

FEI Number: 59-1281292 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILESPY, ALBERT WM.D. 1075 MASON AVE. DAYTONA BEACH, FL 32117 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 S Title F

NameGOTTLICH, MALCOLM DM.D.NameGILLESPY, THURMAN M.D.Address1075 MASON AVEAddress1075 MASON AVENUE

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

Title VP Title T

Name BRYAN, JAMES MM.D. Name GILLESPY, ALBERT WM.D.

Address 1075 MASON AVE Address 1075 MASON AVE

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BCH FL 32117

Title VP Title AS

NameGILLESPY, MARK CM.D.NameHATTEN, BRIAN RMDAddress1075 MASON AVEAddress1075 MASON AVE

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

Title VP Title VF

NameMARTIN, JEFFREY W DR.NameMCCALL, TODD A DR.Address1075 MASON AVENUEAddress1075 MASON AVENUE

City-State-Zip: DAYTONA BEACH FL 32117 City-State-Zip: DAYTONA BEACH FL 32117

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: ALBERT W. GILLESPY, M.D.

TREASURER

02/11/2013