

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601799

Entity Name: ORTHOPAEDIC CLINIC OF DAYTONA BEACH, P.A.**Current Principal Place of Business:**1075 MASON AVENUE
DAYTONA BEACH, FL 32117**Current Mailing Address:**1075 MASON AVENUE
DAYTONA BEACH, FL 32117 US**FEI Number: 59-1281292****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GILLESPIY, 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:** ALBERT W. GILLESPIY, M.D.

03/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VD
Name MARTIN, JEFFREY W DR.
Address 1075 MASON AVENUE
City-State-Zip: DAYTONA BEACH FL 32117Title SD
Name BRYAN, JAMES M M.D.
Address 1075 MASON AVE
City-State-Zip: DAYTONA BEACH FL 32117Title VD
Name GILLESPIY, MARK C M.D.
Address 1075 MASON AVE
City-State-Zip: DAYTONA BEACH FL 32117Title VD
Name GAINES, RICHARD K
Address 1075 MASON AVENUE
City-State-Zip: DAYTONA BEACH FL 32117Title VD
Name MCCALL, TODD A DR.
Address 1075 MASON AVENUE
City-State-Zip: DAYTONA BEACH FL 32117Title PD
Name GILLESPIY, ALBERT W M.D.
Address 1075 MASON AVE
City-State-Zip: DAYTONA BCH FL 32117Title TD
Name HATTEN, BRIAN R MD
Address 1075 MASON AVE
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. GILLESPIY, M.D.

PRESIDENT

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date