

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602564

Entity Name: ORTHOPAEDIC SPECIALTIES OF TAMPA BAY, P.A.**Current Principal Place of Business:**1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756-4093**Current Mailing Address:**1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756-4093 US**FEI Number:** 59-1306865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIAZZA, M.D., MICHAEL R. DR.
1011 JEFFORDS STREET
SUITE C
CLEARWATER, FL 33756-4093 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:** MICHAEL R. PIAZZA, M.D.

04/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SEC
Name PIAZZA, M.D., MICHAEL R DR.
Address 1011 JEFFORDS STREET
SUITE C
City-State-Zip: CLEARWATER FL 33756-4093

Title MANAGER
Name HERREMA, D.O., MITCH R DR.
Address 1011 JEFFORDS STREET
SUITE C
City-State-Zip: CLEARWATER FL 33756-4093

Title MANAGER
Name VENEZIA, MICHAEL A DR.
Address 1011 JEFFORDS STREET
SUITE C
City-State-Zip: CLEARWATER FL 33756

Title VP & TRE
Name MARCOTTE, D.O., ANTHONY L. DR.
Address 1011 JEFFORDS STREET
SUITE C
City-State-Zip: CLEARWATER FL 33756-4093

Title MANAGER
Name HOWELL, RICHARD S. DR.
Address 1011 JEFFORDS STREET
SUITE C
City-State-Zip: CLEARWATER FL 33756-4093

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: PIAZZA, M.D. , MICHAEL R , DR.ONE OF
OWNERS/SHAREHOLDER

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date