

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603127

Entity Name: FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.**Current Principal Place of Business:**740 WEST PLYMOUTH AVE.
DELAND, FL 32720**Current Mailing Address:**740 WEST PLYMOUTH AVE.
DELAND, FL 32720**FEI Number:** 59-1361697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELKIND, DARREN J ESQ
142 E. NEW YORK AVENUE
DELAND, FL 32724 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	DP
Name	HOLLMANN, MARK W M.D.
Address	740 W PLYMOUTH AVE
City-State-Zip:	DELAND FL

Title	D, THIRD VICE PRESIDENT
Name	REED, STEPHEN M M.D.
Address	740 WEST PLYMOUTH AVE
City-State-Zip:	DELAND FL

Title	D, FIRST VICE PRESIDENT, SECRETARY, TREASURER
Name	LAVOIE, STEPHANE M.D.
Address	740 WEST PLYMOUTH AVE
City-State-Zip:	DELAND FL 32720

Title	D, SECOND VICE PRESIDENT
Name	WALDBAUM, JONATHAN M.D.
Address	740 WEST PLYMOUTH AVE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	STEEN, BRANDON
Address	740 W PLYMOUTH AVE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	TURNBULL, NATHAN
Address	740 W PLYMOUTH AVE
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	WATTS, JONATHON DAVID
Address	740 W PLYMOUTH AVENUE
City-State-Zip:	DELAND FL 32720

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: MARK W HOLLMANN

DP

03/07/2025

Electronic Signature of Signing Officer/Director Detail_____
Date