

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604452

Entity Name: COASTAL ORTHOPEDICS & SPORTS MEDICINE OF
SOUTHWEST FLORIDA, P.A.

Current Principal Place of Business:

6015 POINTE W BLVD
BRADENTON, FL 34209

Current Mailing Address:

6015 POINTE W BLVD
BRADENTON, FL 34209

FEI Number: 59-1466615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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 DPST
Name VALADIE, ARTHUR L
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

Title DIRECTOR
Name SCHAFER, STEVEN MD
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

Title D
Name BUNDSCHU, RICHARD H
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

Title D
Name KUMAR, AVINASH G
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

Title COO
Name STEWARTSON, SHANNON
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

Title CEO
Name LEMAY, PAIGE
Address 6015 POINTE WEST BLVD
City-State-Zip: BRADENTON FL 34209

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: SHANNON STEWARTSON

COO

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date