2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
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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:

CF REGISTERED AGENT, INC.
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	Title	DIRECTOR
Name	VALADIE, ARTHUR L	Name	SCHAFER, STEVEN MD
Address	6015 POINTE WEST BLVD	Address	6015 POINTE WEST BLVD
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209
Title	D	Title	D
Name	BUNDSCHU, RICHARD H	Name	KUMAR, AVINASH G
Address	6015 POINTE WEST BLVD	Address	6015 POINTE WEST BLVD
City-State-Zip:	BRADENTON FL 34209	City-State-Zip:	BRADENTON FL 34209
Title	DIRECTOR OF OPERATIONS	Title	CEO
Name	FRENCH, JEFF	Name	LEMAY, PAIGE
Address	6015 POINTE WEST BLVD	Address	6015 POINTE WEST BLVD
City-State-Zip:	BRADENTON FL 34209	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: PAIGE LEMAY CEO 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date