

2015 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	DIRECTOR OF OPERATIONS
Name	FRENCH, JEFF
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: ARTHUR L. VALADIE**DPST****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date