2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2015
Secretary of State
CC3713736485

DOCUMENT# 604675

Entity Name: ORLANDO ORTHOPAEDIC CENTER, M.D., P.A.

Current Principal Place of Business:

25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806

FEI Number: 59-1486941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLL, STEPHEN R
25 WEST CRYSTAL LAKE STREET
SUITE 200
ORLANDO, FL 32806 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	S	Title	T
Name	ROSEN, JEFFREY P DR.	Name	LAWRENCE, HALPERIN S DR.
Address	25 WEST CRYSTAL LAKE STREET, SUITE 200	Address	25 WEST CRYSTAL LAKE STREET, SUITE 200
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	VP	Title	1AS
Name	SCHWARTZBERG, RANDY S DR.	Name	REUSS, BRYAN L DR.
Address	25 WEST CRYSTAL LAKE STREET, SUITE 200	Address	25 WEST CRYSTAL LAKE STREET, SUITE 200
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	1AT	Title	2AS
Name	MCBRIDE, G GRADY DR.	Name	BLICK, SAMUEL S DR.
Address	25 WEST CRYSTAL LAKE STREET, SUITE 200	Address	25 WEST CRYSTAL LAKE STREET, SUITE 200
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	2AT	Title	3AS
Name	JONES, CRAIG P DR.	Name	CHRISTENSEN, ALAN W DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200	Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

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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: ROSEN, JEFFREY P , DR. SECRETARY 03/31/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	3AT
Name	WEBER, STEVEN E DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	4AT
Name	WIERNIK, DANIEL L DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	5AT
Name	FROHWEIN, DANIEL M DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	6AT
Name	MCCLEARY, MICHAEL D DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	7AT
Name	VANDYKE, TRAVIS DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	8AT
Name	WILLEY, MATTHEW R DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	4AS
Name	FUNK, JOSEPH D DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	5AS
Name	BONENBERGER, ERIC G DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	6AS
Name	TOPOLESKI, TAMARA A DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	7AS
Name	BURKHART, BRADD G DR.
Address	25 WEST CRYSTAL LAKE STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806

Title	8 AS
Name	RIGGENBACH, MICHAEL D
Address	25 W CRYSTAL LK STREET SUITE 200
City-State-Zip:	ORLANDO FL 32806