

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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:**JONES, CRAIG P MD
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:** CRAIG JONES, MD**11/16/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ROSEN, JEFFREY P MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title TREASURER
Name LAWRENCE, HALPERIN S MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title VP
Name SCHWARTZBERG, RANDY S MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 1ST ASSISTANT SECRETARY
Name REUSS, BRYAN L MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title 1ST ASSISTANT TREASURER
Name BURKHART, BRADD G MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title PRESIDENT
Name JONES, CRAIG P MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name CHRISTENSEN, ALAN W MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name WEBER, STEVEN E DO
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
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: CRAIG P JONES, MD**PRESIDENT****11/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SHAREHOLDER
Name FUNK, JOSEPH D DPM
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name BONENBERGER, ERIC G MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name RIGGENBACH, MICHAEL D MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name PATEL, RAVI R MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name DAVIS, SOPHIA P DO
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name WIERNIK, DANIEL L DPM
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name VANDYKE, TRAVIS MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name GOLL, STEPHEN R MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name WARRELL, CHRISTOPHER S MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806

Title SHAREHOLDER
Name LEHMAN, JASON D MD
Address 25 WEST CRYSTAL LAKE STREET
SUITE 200
City-State-Zip: ORLANDO FL 32806