

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F34804

**Entity Name:** HALIFAX ORTHOPAEDIC CLINIC, P.A.

**Current Principal Place of Business:**

614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 US

**FEI Number:** 59-2089594

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SELTZER, NORMAN B., M.D. PA  
614 N. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 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 DP  
Name SELTZER, NORMAN B, MD  
Address 614 N. PENINSULA DRIVE  
City-State-Zip: DAYTONA BEACH FL 32118

*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:** NORMAN B. SELTZER

DP

03/31/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date