

2013 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, MD

DP

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date