2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC3316949216

DOCUMENT# H80326

Entity Name: ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

Current Mailing Address:

4600 4TH ST. N.
ST. PETERSBURG, FL 33703

FEI Number: 59-2681990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET
SUITE 2000
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	TD
Name	GNAGE, LAWRENCE M
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	D, VP
Name	CANIZARES, GEORGE H
Address	4600 4TH ST. N.
City-State-Zip:	ST PETERSBURG FL 33703

Title	DIRECTOR
Name	JENNIFER, BURNS M
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	DIRECTOR
Name	SWICK, MATTHEW J
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	PD
Name	DAVIS, CLINTON B
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	SD
Name	RODRIGUEZ, JORGE A.
Address	4600 4TH ST. N.
City-State-Zip:	ST PETERSBURG FL 33703

Title	DIRECTOR
Name	BOLHOFNER, BRETT R
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	DIRECTOR
Name	SWIGGETT, ROBERT L
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

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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: CLINTON B DAVIS PRESIDENT 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOWRY, WILLIAM E
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	DIRECTOR
Name	HIRSHORN, KURT C
Address	4600 4TH ST. N.
City-State-Zip:	ST. PETERSBURG FL 33703