

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078983

**Entity Name:** ERHM ORTHOPEDICS, INC.**Current Principal Place of Business:**9216 PALM RIVER RD STE 205  
TAMPA, FL 33619**Current Mailing Address:**9216 PALM RIVER RD STE 205  
TAMPA, FL 33619**FEI Number: 59-3759765****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILLS, FREDERICK J  
1200 W PLATT ST STE 100  
TAMPA, FL 33606 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	DPV
Name	ETHERIDGE, GEORGE WJR
Address	9216 PALM RIVER RD STE 205
City-State-Zip:	TAMPA FL 33619

Title	DST
Name	ETHERIDGE, LISA O
Address	9216 PALM RIVER RD STE 205
City-State-Zip:	TAMPA FL 33619

Title	VPS
Name	MIRABELLA, CHARLES
Address	9216 PALM RIVER RD STE 205
City-State-Zip:	TAMPA FL 33619

Title	VPS
Name	ROBINSON, FRANK
Address	9216 PALM RIVER RD STE 205
City-State-Zip:	TAMPA FL 33619

Title	VPS
Name	HAWKINS, JOHN
Address	9216 PALM RIVER RD STE 205
City-State-Zip:	TAMPA FL 33619

*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: GEORGE ETHERIDGE****PRESIDENT****02/18/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date