

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000125694

**Entity Name:** GULF COAST ORTHOPEDICS, INC.

**Current Principal Place of Business:**

3125 W EL PRADO BLVD  
TAMPA, FL 33629

**Current Mailing Address:**

3125 W EL PRADO BLVD  
TAMPA, FL 33629 US

**FEI Number:** 61-1459580

**Certificate of Status Desired:** No

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

VOGLER, MATTHEW J  
3125 W EL PRADO BLVD  
TAMPA, FL 33629 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 PSTD  
Name VOGLER, MATTHEW J  
Address 3125 W EL PRADO BLVD  
City-State-Zip: TAMPA FL 33629

*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:** MATTHEW VOGLER

**PRESIDENT**

**03/18/2025**

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

\_\_\_\_\_  
Date