

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145209

**Entity Name:** INDEPENDENT ORTHOPAEDICS, P.A.

**Current Principal Place of Business:**

3108 WEST CHAPIN AVE  
TAMPA, FL 33611

**Current Mailing Address:**

701 S. HOWARD AVE.  
SUITE 106-226  
TAMPA, FL 33606

**FEI Number:** 20-5918618

**Certificate of Status Desired:** No

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

WEISS, GAIL E  
701 S. HOWARD AVE.  
SUITE 106-226  
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 DPST  
Name WEISS, MICHAEL D.O.  
Address 701 S. HOWARD AVE.  
SUITE 106-226  
City-State-Zip: TAMPA FL 33606

*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:** MICHAEL WEISS

DPST

02/25/2015

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

\_\_\_\_\_  
Date