

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075234

Entity Name: BREVARD ORTHOPAEDIC, SPINE & PAIN CLINIC, INC.

Current Principal Place of Business:

2222 S HARBOR CITY BLVD.
SUITE 610
MELBOURNE, FL 32901

Current Mailing Address:

2222 S HARBOR CITY BLVD.
SUITE 610
MELBOURNE, FL 32901

FEI Number: 59-3345600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HYNES, RICHARD AMD
2222 S HARBOR CITY BLVD
SUITE 610
MELBOURNE, FL 32901 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 D
Name HYNES, RICHARD AM.D.
Address 2222 S HARBOR CITY BLVD SUITE
610
City-State-Zip: MELBOURNE FL 32901

Title D
Name DATTA, DEVIN K
Address 2222 S HARBOR CITY BLVD SUITE
610
City-State-Zip: MELBOURNE FL 32901

Title D
Name VOEPEL, LI J
Address 2222 S HARBOR CITY BLVD SUITE
610
City-State-Zip: MELBOURNE FL 32901

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: RICHARD A HYNES

PRESIDENT

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date