

**2017 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 US

**FEI Number:** 59-3345600

**Certificate of Status Desired:** Yes

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

HYNES, RICHARD A MD  
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:** RICHARD A. HYNES, M.D.

04/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HYNES, RICHARD A MD  
Address 2222 S HARBOR CITY BLVD SUITE  
610  
City-State-Zip: MELBOURNE FL 32901

Title D  
Name DATTA, DEVIN K MD  
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, M.D.

**PRESIDENT**

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date