

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038260

Entity Name: ORTHOPAEDIC ASSOCIATES OF ST. AUGUSTINE, P.A.**Current Principal Place of Business:**ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086**Current Mailing Address:**ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086 US**FEI Number: 59-3377108****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GRIMES, JAMES M
ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086 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 GRIMES, JAMES M
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title M
Name HORT, KURTIS
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title C
Name STARK, JOHN B
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title S
Name VOLK, ALBERT MD
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: ST AUGUSTINE FL 32086

Title C
Name HAYCOOK, BRIAN E
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: SAINT AUGUSTINE FL 32086

Title OFFICER
Name SINA, KASRAEIAN DR.
Address ONE ORTHOPAEDIC PLACE
City-State-Zip: SAINT AUGUSTINE FL 32086

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: JAMES GRIMES**OFFICER****02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date