

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064219

Entity Name: CELEBRATION ORTHOPAEDIC AND SPORTS MEDICINE
INSTITUTE, INC.**FILED**
Apr 07, 2025
Secretary of State
8050572704CC**Current Principal Place of Business:**2954 MALLORY CIRCLE
101
CELEBRATION, FL 34747**Current Mailing Address:**2954 MALLORY CIRCLE
101
CELEBRATION, FL 34747 US**FEI Number: 59-3523727****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WELKER, STEVE
2954 MALLORY CIRCLE
101
CELEBRATION, FL 34747 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: STEVE WELKER****04/07/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name HOMAN, BRAD
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR
Name ROBISON, JOSEPH
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR
Name HAQUE, MAAHIR
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** OFFICER
Name WILLEY, MATTHEW
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR
Name JOHNSTON, MATTHEW
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR
Name AMUNDARAY, JOSE A
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** OFFICER
Name BRITT, JOSHUA R
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Title** OFFICER
Name LALLI, DAVID
Address 2954 MALLORY CIRCLE
101
City-State-Zip: CELEBRATION FL 34747**Continues on page 2**

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: JOSEPH ROBISON**DIRECTOR****04/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	MCDONALD, DOUGLAS
Address	2954 MALLORY CIRCLE 101
City-State-Zip:	CELEBRATION FL 34747