

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064219

Entity Name: CELEBRATION ORTHOPEDIC AND SPORTS MEDICINE
INSTITUTE, INC.

FILED
Apr 29, 2015
Secretary of State
CC4584514341

Current Principal Place of Business:

410 CELEBRATION PLACE
106
CELEBRATION, FL 34747

Current Mailing Address:

410 CELEBRATION PLACE
106
CELEBRATION, FL 34747

FEI Number: 59-3523727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEEKIN, JAMES FJR
215 N EOLA DR
ORLANDO, FL 32801 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 DORE, DAVID D
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747

Title D
Name ZAHRAWI, FAISSAL
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747

Title D
Name HOMAN, BRAD
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747

Title D
Name MCRORIE, DUANE
Address 410 CELEBRATION PLACE STE 106
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR
Name JOHNSTON, MATTHEW
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR
Name ROBISON, JOSEPH
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747

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: DAVID D DORE

DIRECTOR

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date