

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064219

Entity Name: CELEBRATION ORTHOPEDIC AND SPORTS MEDICINE
INSTITUTE, INC.**FILED**
Feb 14, 2014
Secretary of State
CC8958013956**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

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 DORE**D****02/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date