

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000064219

**Entity Name:** CELEBRATION ORTHOPAEDIC AND SPORTS MEDICINE  
INSTITUTE, INC.**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**5505422027CC****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:**PENDAS, ANGELA  
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: ANGELA PENDAS****04/20/2022**

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** JOHNSTON, MATTHEW  
**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** AMUNDARAY, JOSE A  
**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** BRITT, JOSHUA R  
**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** OFFICER  
**Name** LALLI, DAVID  
**Address** 2954 MALLORY CIRCLE  
101  
**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: BRAD HOMAN****DIRECTOR****04/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date