

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064219

Entity Name: CELEBRATION ORTHOPAEDIC AND SPORTS MEDICINE
INSTITUTE, INC.**FILED**
Apr 27, 2017
Secretary of State
CC2887130748**Current Principal Place of Business:**410 CELEBRATION PLACE
106
CELEBRATION, FL 34747**Current Mailing Address:**410 CELEBRATION PLACE
106
CELEBRATION, FL 34747 US**FEI Number: 59-3523727****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TORRES, RICHARD
410 CELEBRATION PLACE
106
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: RICHARD TORRES****04/27/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title DIRECTOR
Name HOMAN, BRAD
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title DIRECTOR
Name ROBISON, JOSEPH
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title OFFICER
Name HAQUE, MAAHIR
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title OFFICER
Name MCDONALD, JOHN DOUGLAS
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title DIRECTOR
Name JOHNSTON, MATTHEW
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title OFFICER
Name AMUNDARAY, JOSE A
Address 410 CELEBRATION PLACE
106
City-State-Zip: CELEBRATION FL 34747Title OFFICER
Name BRITT, JOSHUA R
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: BRAD HOMAN**DIRECTOR****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date