

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064219

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

FILED
Feb 22, 2024
Secretary of State
2672719042CC

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:

AUGER, KARYN
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: KARYN AUGER

02/22/2024

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

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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

02/22/2024

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