

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000001374

**Entity Name:** FLORIDA CENTER FOR ORTHOPAEDICS, INC.

**Current Principal Place of Business:**

1555 BOREN DRIVE  
OCOEE, FL 34761

**Current Mailing Address:**

1555 BOREN DRIVE  
OCOEE, FL 34761 US

**FEI Number: 59-3550798**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOONEY, STEPHEN R  
800 N. MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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 PD  
Name SMITH, RICHARD CM.D.  
Address 1555 BOREN DRIVE  
City-State-Zip: OCOEE FL 34761

*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: RICHARD SMITH**

**PRESIDENT**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date