

2016 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 C SMITH MD

ADMINISTRATOR/CFO

03/28/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date