

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V07361

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC8352219204**

**Entity Name:** SOUTH FLORIDA ORTHOPAEDICS & SPORTS MEDICINE, P.A.

**Current Principal Place of Business:**

1050 SE MONTEREY ROAD  
SUITE 400  
STUART, FL 34994

**Current Mailing Address:**

1050 SE MONTEREY ROAD  
SUITE 400  
STUART, FL 34994 US

**FEI Number:** 65-0311858

**Certificate of Status Desired:** No

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

CARLSON, WILLIAM E DR.  
1050 SE MONTEREY RD., STE 400  
STUART, FL 34990 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:** DR. WILLIAM E. CARLSON

03/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARLSON, WILLIAM E DR.  
Address        1050 SE MONTEREY RD SUITE 400  
City-State-Zip: STUART FL 34994

Title            VP  
Name            DESMAN, SCOTT DR.  
Address        1050 SE MONTEREY RD SUITE 400  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            HAAS, GEORGE DR.  
Address        1050 SE MONTEREY RD SUITE 400  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            HOFFMAN, JAMES D DR.  
Address        1050 SE MONTEREY RD SUITE 400  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            HILL, NATHANIEL H DR.  
Address        1050 SE MONTEREY RD SUITE 400  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            HUSTED, DANIEL S DR.  
Address        1050 SE MONTEREY ROAD  
SUITE 400  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            JORDAN, STEVEN K DR.  
Address        1050 SE MONTEREY ROAD  
SUITE 400  
City-State-Zip: STUART FL 34994

Title            D  
Name            KAM, CHECK C. MD  
Address        1050 SE MONTEREY ROAD  
SUITE 400  
City-State-Zip: STUART FL 34994

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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:** WILLIAM E. CARLSON MD

**MANAGING MEMBER**

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PRASHER, ANUJ DR.  
Address        1050 SE MONTEREY RD  
                 SUITE 400  
City-State-Zip: STUART FL 34994