

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