

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 465167

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE CENTER FOR BONE & JOINT DISEASE, P.A.

Current Principal Place of Business:

5319 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

7544 JACQUE ROAD
HUDSON, FL 34667

Current Mailing Address:

5319 GRAND BOULEVARD
NEW PORT RICHEY, FL 34652

New Mailing Address:

7544 JACQUE ROAD
HUDSON, FL 34667

FEI Number: 59-1559073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, NORMAN H.
5319 GRAND BOULEVARD
NEW PORT RICHEY FLORIDA, FL 34652 US

Name and Address of New Registered Agent:

HIGGINS, NORMAN H.
7544 JACQUE ROAD
HUDSON, FL 34667 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINS, NORMAN H
Address: 5319 GRAND BOULEVARD
City-St-Zip: NPR, FL 34652 US

Title: V () Delete
Name: GOMEZ, JOSE G
Address: 5319 GRAND BOULEVARD
City-St-Zip: NPR, FL 34652 US

Title: TS () Delete
Name: KATZ, RICHARD J.
Address: 5319 GRAND BLVD
City-St-Zip: NPR, FL 34652 US

Title: S () Delete
Name: BENNETT, CRAIG R
Address: 5319 GRAND BLVD
City-St-Zip: NPR, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIGGINS, NORMAN H
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667 US

Title: V (X) Change () Addition
Name: GOMEZ, JOSE G
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667 US

Title: TS (X) Change () Addition
Name: KATZ, RICHARD J.
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667 US

Title: S (X) Change () Addition
Name: BENNETT, CRAIG R
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN H. HIGGINS, MD

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date