

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # G88114 1. Entity Name ROBERTS ORTHOPAEDIC CLINIC, P.A.	
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Principal Place of Business 453 N KIRKMAN RD SUITE 201 ORLANDO, FL 32811 US	Mailing Address 453 N KIRKMAN RD SUITE 201 ORLANDO, FL 32811 US
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2412539	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROBERTS, ROBERT S.
5168 FAIRWAY OAKS DR.
WINDERMERE, FL 34786

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000019373
01/29/04-80022-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MD ROBERTS, ROBERT S. 5168 FAIRWAY OAKS DRIVE WINDERMERE, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____