
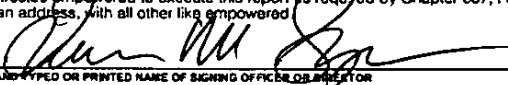


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 003 \*\*\*150.00

<b>DOCUMENT # H80326</b>					
1. Entity Name ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.					
Principal Place of Business 4600 4TH ST. N. ST. PETERSBURG, FL 33703		Mailing Address 4600 4TH ST. N. ST. PETERSBURG, FL 33703			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2681990	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KALISH, WILLIAM 100 SOUTH ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 renewing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GNAGE, LAWRENCE M.		NAME	Antonio Gayoso	
STREET ADDRESS	2092 ILLINOIS AVENUE NE		STREET ADDRESS	8045 ELBOW LANE	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, ROBERT G.		NAME	William Lowry	
STREET ADDRESS	2063 ILLINOIS AVENUE NE		STREET ADDRESS	1065 Marco Dr	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLHOFNER, BRETT		NAME	George Canigales	
STREET ADDRESS	1771 TANGLEWOOD DR NE		STREET ADDRESS	4146 42nd Ave S	
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMLET, DALE		NAME		
STREET ADDRESS	2044 BRIGHTWATERS BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, DAVIS B		NAME		
STREET ADDRESS	1353 SNELL HARBOR DR NE		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE A.		NAME		
STREET ADDRESS	3414 WEST GABLES COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00000317



01052006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66060917

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.  
4600 4TH ST. N.  
ST. PETERSBURG, FL 33703

Subject: ALL FLORIDA ORTHOPAEDIC ASSOCIATES, P.A.

Reference Number:

H80326

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION